

**AFFIDAVIT OF DOMICILE**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she resides in \_\_\_\_\_, State of \_\_\_\_\_, and is Executor/Administrator/Surviving Tenant of the Estate of \_\_\_\_\_, deceased; who died on \_\_\_\_\_ (date); at the time of his/her death the domicile (residence) of said decedent was at \_\_\_\_\_, State of \_\_\_\_\_.

That within three years prior to death decedent was not a resident of another state. That at the date of death, decedent was the registered owner of the following securities physically located in the City of \_\_\_\_\_, State of \_\_\_\_\_.

Lake View Developments, Inc.  
Certificate # \_\_\_\_\_  
Shares \_\_\_\_\_

That any and all debts, of the decedent, claims against the estate, administration expenses, inheritance and estate taxes, and prior legacies, have been paid or provided for; that this affidavit is made for the purpose of securing the transfer or delivery of property owned at the time of his/her death to a person legally entitled thereto under the laws of the decedent's domicile state and that any apparent inequality in distribution has been satisfied or provided for out of other assets of the estate.

\_\_\_\_\_  
Executor/Administrator/Survivor

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

rev 5/2002