

# Affidavit of Domicile



Account Number is required for WellsTrade®, Wells Fargo Advisors Solutions, and Intuitive Investor® accounts.

Account Number: \_\_\_\_\_

I, \_\_\_\_\_ am the \_\_\_\_\_  
(Name of Signatory) (Executor/Administrator/Personal Rep/Beneficiary/Trustee/Survivor)

of the estate of/account of \_\_\_\_\_,

Deceased, who died on \_\_\_\_\_. At the time of his/her death the domicile (legal residence) of said  
(mm/dd/yyyy)

decedent was \_\_\_\_\_,

State of \_\_\_\_\_. He/She resided in the State of \_\_\_\_\_ for \_\_\_\_\_

years immediately preceding his/her death and was not a resident of any other state. This Affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of or owned by said decedent at the time of his or her death.

**X** \_\_\_\_\_  
(Signature of Executor/Administrator/Personal Rep/Beneficiary/Trustee/Survivor, and capacity in which affidavit is signed)

## Notary (Signature Must Be Notarized)

State \_\_\_\_\_ County \_\_\_\_\_

Subscribed to and sworn before me on

This \_\_\_\_\_ Day of \_\_\_\_\_ in Year \_\_\_\_\_

By \_\_\_\_\_  
(Person whose signature is being notarized)

**X** \_\_\_\_\_  
Signature of Official Administering Oath

My Commission expires \_\_\_\_\_ Year \_\_\_\_\_

**Investment and Insurance Products are:**  
• Not Insured by the FDIC or Any Federal Government Agency  
• Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate  
• Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

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