

Affidavit of Domicile

Merrill Account N	lumber	_	
All the fields provide	ed below are required.		
I,			
Declarant (your name	e, or if a corporate fiduciary, show name	and title of individual signing, and n	ame and address of corporation)
being duly sworn, dep	ose and state as follows:		
I reside at:			
Address			
City		State	Zip Code
Lam (mlanca ch	ook ono).		
I am (please ch	•		
□ Executor/Executri			
□ Personal Represe			
□ Administrator/Adr			
☐ Survivor of Joint 7	Tenancy		
☐ Heir at law			
□ Other (please spe	ecify)		
of			
(Name of Deceden			M) (DD) (YYYY)
At the time of deat	h, the decedent's domicile (legal re	esidence) was:	
Address			
City		State	Zip Code
Number of Years t	he Decedent Resided at This		
Address Prior to D	eath		
states below.	ded in any other state during the th	iree years prior to his or her de	eath, i nave listed those
States DEIOW.			
Ctata	Ctata	<u></u>	
State	State	State	

This affidavit is made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his or her death to a purchaser or persons legally entitled thereto under the laws of the decedent's domicile.

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FOR USE IN ALL STATES EXCE	
Must be signed in the Presence of Not completed by the Notary Public or the doc	ary. Please note that all fields, including the boxes below, must be ument will be returned.
	/
Signature of Declarant	MM DD YYYY
	LIFORNIA NOTARIES. CALIFORNIA NOTARIES ARE TO USE THE LOW OR THE JURAT AVAILABLE ON THE CALIFORNIA SECRETARY
State of	County of,
Subscribed and sworn to (or affirmed) befor	(MM) (DD) (YYYY)
by, (Insert Signor's Name, NO evidence to be the person who appeared before	
X	
Signature of Notary Public	(Affix Seal or Stamp)
X	
Print Name of Notary Public	
Please check one of the following (required)	: □ Personally Known OR □ Produced Identification
Type of Identification Produced	
JURAT FOR CALIFORNIA	
x	/
Signature of Declarant	MM DD YYYY
CALIFORNIA NOTARIES MUST USE THI SECRETARY OF STATE WEBSITE.	S JURAT OR THE JURAT AVAILABLE ON THE CALIFORNIA
A notary public or other officer comp	pleting this certificate verifies only the identity of the individual this certificate is attached, and not the truthfulness, accuracy,
or validity of that document.	
Notarization is Required	
State of California County of	,
Subscribed and sworn to (or affirmed) befor	re me on/
by,	OT Notary's Name)
_	-
satisfactory evidence to be the person who	appeared before me.
X	
Signature of Notary Public	(Affix Seal or Stamp)
X	
Print Name of Notary Public	
Please check one of the following (required)	: □ Personally Known OR □ Produced Identification
Type of Identification Produced	

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JURAT FOR FLORIDA						
Must be signed in the Presence of Notary. Please note that all fields, including the boxes below, must be completed by the Notary Public or the document will be returned. This jurat must be used by notaries in Florida.						
X	/					
XSignature of Declarant	${(MM)} \frac{/}{(DD)} {(YYYY)}$					
Notarization is Required						
State of Florida County of						
Sworn to (or affirmed) and subscribed before me by means of \Box physical presence or \Box online notarization,						
this day of	, 20,					
by, (Insert Signor's Name, NOT Notary's Name)						
X						
Signature of Notary Public	(Affix Seal or Stamp)					
XPrint Name of Notary Public						
Please check one of the following (required): Personally	Known OR ☐ Produced Identification					
Type of Identification Produced						

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