

AFFIDAVIT OF DOMICILE

STATE OF: _____

Social Security Number
of Decedent: _____

COUNTY OF: _____

_____, being duly sworn, deposes and says:
(Your Name Here)

I reside at: _____
(Street Address)

(City) (State) (ZIP Code)

and I am Executor/Administrator/Personal Representative/Surviving Tenant/Surviving Spouse/
Trustee (CIRCLE ALL THAT APPLY) of:

_____ - Deceased.
(Name of Decedent)

The date of death was: _____
(Month) (Day) (Year)

At the time of death, the domicile (legal residence) of said decedent was:

(Street Address)

(City) (State) (ZIP Code) (County)

The decedent resided in the State of _____ for ____ years prior to death and was not a resident of any other state within the United States of America at the time of death. This affidavit is made for the purpose of securing the transfer of the following described securities owned by said decedent at the time of death: _____ shares of the common stock of the Procter & Gamble Company, and that said securities were physically located in the City of: _____, State of _____ at the time of death.

Signature of Deponent

Print Name

Sworn to, or Affirmed before me
this ____ day of _____, 20____.

AFFIX SEAL _____

Notary Public

My commission expires _____