

Affidavit of Domicile

Decedent's Account Number(s)				
Decedent's Name Title, First	Middle Name		Last Name, Sufj	fix
Date of Death (mm/dd/yyyy)	-			
Please enter the decedent's address/do	omicile at time of dea	th.		
Decedent's Home/Legal Street Addres	s (No P.O. Boxes)	City	S	tate Zip Code
Did the decedent reside in any other s nust list the state(s).	tate during the three	years leading up to	his or her death? If	you select yes, you
Yes The state(s) is listed here:	Chata	Chata		-+-
	State	State	St	ate
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www.robinhood.com



3. Affirmation and Signature

By signing below, you:

- Affirm that you are the Successor or Authorized Representative of the Decedent listed in Section 1.
- Certify that the Decedent was a resident of the state listed in Section and was not a resident of any other state within the United States of America at the time of death.
- Affirm that any and all debts, taxes, and claims against the estate have been paid or provided for.
- Understand and agree that this affidavit is made for the purpose of securing the transfer or delivery of property owned by the Decedent at the time of his/her death to a purchaser or the

person(s) legally entitled thereto under the laws of Decedent's domicile, and that any apparent inequality in distribution has been satisfied or provided for out of other estate assets.

Certify that all information you have provided in this form is true, accurate, and complete.

I, as the Successor/Authorized Representative indicated in Section 2, duly swear or affirm that the information in Sections 1 and 2 is correct and true. I carefully read and understand this Affirmation.

Signature

Today's Date *mm/dd/yyyy*

Print Name

4. Notarization

Notice to CA Residents: A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgment of Notary Public*

State of

in the county of

On *mm/dd/yyyy*

subscribed and sworn to before me by the above-named Successor/Authorized Representative who is personally known to me or who has produced ______ as

identification, that the foregoing statements were true and accurate and made of his/her own free act and deed.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

(NOTARY SEAL)

Notary Signature

Today's Date mm/dd/yyyy

Notary Name (Printed)

My Commission Expires mm/dd/yyyy

* NOTE: CA Notaries are permitted to submit a separate page notary document. If a separate page is used, that page must identify the document being notarized.



5. Submission Instructions

- Email to support@robinhood.com;
- Fax to (650) 940-2701, ATTN: COMPLIANCE DEPARTMENT; or
- Mail to Robinhood headquarters at the following address:

Robinhood Markets, Inc. ATTN: Compliance Department 85 Willow Road Menlo Park, CA 94025