



**MGE Energy, Inc.
Shareholder Services
Affidavit of Domicile**

Follow these instructions to complete the Affidavit of Domicile form:

1. State where form is being completed.
2. County where form is being completed.
3. Social Security Number of person completing form.
4. Name of person completing form.
5. Address of person completing form.
6. Indicate your relationship to deceased shareholder (circle applicable relationship listed or fill in blank line).
7. Name of deceased shareholder.
8. Place of death for shareholder.
9. Day of death.
10. Month of death.
11. Year of death.
12. Address of deceased shareholder.
13. County in which deceased shareholder resided.
14. State in which deceased shareholder resided.
15. Number of years shareholder resided at such address.
16. Place of business of shareholder at time of death.
17. County of place of business.
18. State of place of business.
19. Signature of legal representative or survivor completing form.
20. Indicate your relationship to deceased shareholder as listed under Item Number 6.
21. Date, signature, and seal of Notary Public.



AFFIDAVIT OF DOMICILE

STATE OF ¹ _____)
) S.S. No. ³ _____
COUNTY OF ² _____)

⁴ _____, being duly sworn, deposes and says that (he/she/they) resides at
⁵ _____, State of _____, and is

⁶ CIRCLE ONE:
Executor / Personal Representative / Administrator of the Estate
Surviving Joint Tenant - Spouse / Surviving Joint Tenant - Non-Spouse / Beneficiary Under TOD
Other _____.

⁷ _____, Deceased, who died at ⁸ _____ on the ⁹ _____ day of ¹⁰ _____

²⁰ ¹¹ _____, that at the time of his/her death, the domicile (legal residence) of said decedent was at

¹² _____, County of ¹³ _____, State of

¹⁴ _____, that decedent resided at such address for ¹⁵ _____ years, such residence having commenced
on _____ N/A _____, N/A _____, that decedent last voted in the year _____ N/A _____ at _____ N/A _____,

County of _____ N/A _____, State of _____ N/A _____, that decedent's principal place of business at the time of his/her death was

¹⁶ _____, County of ¹⁷ _____, State of ¹⁸ _____,

that decedent's most recent Federal Income Tax Return showed his/her legal residence as _____ N/A _____,

County of _____ N/A _____, State of _____ N/A _____; that within three years prior to death decedent was not a resident of another state (if decedent resided in another state within three years prior to death, set forth the name of the state and facts as to change of residence and establishment of final domicile); that any and all debts, taxes, legacies, and claims against the estate have been paid or provided for; 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 or persons 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 assets in the state.

Sworn to (or affirmed) before me this _____ ¹⁹ _____

²¹ _____ day of _____ 20 _____ ²⁰ _____

(Give official capacity of official administering oath)

My commission expires:

Notary Public
(Affix notarial seal)