



Consolidated Financial Investments, Inc.
 222 North Meramec Avenue
 Clayton, MO 63105-3702
 314-727-1177 - 800-292-6637
 www.cfii.org

AFFIDAVIT OF DOMICILE

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Account No. _____

_____, being duly sworn, deposes and says: That _____
 (Name of Executor/Administrator/Personal Representative/Survivor/Atty) (he-she)

resides at _____, City of _____, County of _____,
 _____, State of _____

and is _____ of the estate of _____,
 (Executor/Administrator/Personal Representative/Survivor/Atty)

deceased, who died on the _____ day of _____, 20_____.

That the decedent died a legal resident of the State of _____

and was a resident of this state for a period of _____ years immediately preceding _____ death.
 (her/his)

That the decedent executed no will or other instrument within two years prior to death in which he states that _____
 (he/she)
 was a resident of any other state other than the state of _____.

 (Signature of Department, and capacity in which affidavit is signed)

State _____

County _____

Sworn to (or affirmed before me

this _____ day of _____

 Official capacity of official administering oath.

My commission expires _____

Affidavit of decedent's legal residence at time of death filed by survivor, executor, administrator, personal representative, or legal representative for the estate.