**MISSOURI SELF-PROVING AFFIDAVIT**

The State of [STATE]

County of [COUNTY]

I, [NOTARY NAME], the undersigned, an officer authorized to administer oaths, certify that [TESTATOR NAME], [WITNESS 1 NAME], and [WITNESS 2 NAME], the testator, and the witnesses, whose names are signed to the attached or foregoing instrument, having appeared together before me and having been first duly sworn, each then declared to me that the testator signed and executed the instrument as his free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the testator, signed the will as witness and that to the best of his knowledge the testator was at that time eighteen or more years of age, of sound mind, and under no constraint or undue influence.

In witness whereof, I have hereunto subscribed my name and affixed my official seal this [DATE].

**Notary Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Official Capacity of Officer [OFFICIAL CAPACITY OF OFFICER]

(Seal)