SELF-PROVING AFFIDAVIT

THE STATE OF ___________________________ §
COUNTY OF _____________________________ §

BEFORE ME, the undersigned authority, on this day personally appeared

________________________________________, ________________________________________, and
Testator’s Printed Name

________________________________________, known to me to be the Testator and the witnesses,
First Witness’ Printed Name

________________________________________, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective
Second Witness’ Printed Name

capacities, and, all of said persons being by me duly sworn, the said

________________________________________. Testator, declared to me and to the said witnesses in
Testator’s Printed Name

my presence that said instrument is his Last Will and Testament and that he had willingly made and

executed it as his free act and deed; and that said witnesses each on his oath stated to me, in the

presence and hearing of the said, Testator, that the said Testator had declared to them that said

instrument is his Last Will and Testament, and he executed the same as such and wanted each of them
to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as

witnesses in the presence of the said Testator and at his request; and he was at the time eighteen (18)
years of age or over and was of sound mind; and that each of said witnesses was then at least fourteen
(14) years of age.

_________________________________________ Signature of Testator, Testator

_________________________________________ Signature of First Witness

_________________________________________ Signature of Second Witness

SUBSCRIBED AND SWORN TO BEFORE ME by the said

_________________________________________, Testator’s Printed Name

Testator, and by the said ___________________________________, and _________________________,
First Witness’ Printed Name Second Witness’ Printed Name

witnesses, on this the _______day of ___________________________, 20_____.

________________________________________
Notary Public, State of __________________________