

Estate of: \_\_\_\_\_

File No.: \_\_\_\_\_

## Register of Wills of Bucks County, Pennsylvania Oath of Non-Subscribing Witness(es)

\_\_\_\_\_  
[Print Full Name(s)]

(each) being duly qualified according to law, depose(s) and say(s) that he/she/they was/were well acquainted with Testator/Testatrix and is/are familiar with the handwriting and signature of the decedent, and that the signature of \_\_\_\_\_, to the foregoing instrument purporting to be the Last Will and Testament and/or Codicil(s) of \_\_\_\_\_ is in his/her own proper handwriting.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

*Executed in Register's Office*

*Executed out of Register's Office*

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Before me the undersigned personally appeared the party(ies) executing this Affidavit and certified that he or she executed the Affidavit for the purpose stated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
for Register of Wills

\_\_\_\_\_  
Notary Public

**My Commission Expires:**

*(Signature and Seal of Notary Public or other official qualified to administer oaths. Show date of expiration of Notary's Commission.)*