

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.)