Estate of: _____ **File No.:** _____

Register of Wills of Bucks County, Pennsylvania
Unavailable Witness Affidavit

I, _____, being duly sworn according to law, depose and
[Print Full Name]

say that I, as the Executor/Executrix/Counsel, in the Estate of _____, declare that _____ whose signature(s) appear(s) as a subscribing witness(es) to the ☐Will dated _____ _____and/or ☐Codicil(s) dated _____ is/are not readily available to prove the signature of _____ the Testator/Testatrix by reason of his/her/their:

_____
[Explanation of Unavailability]

_____

_____.

_____
(Signature)

_____
(Address)

_____
(City, State, Zip)

Executed in Register's Office

Sworn to or affirmed and subscribed before me this _____ day of _____,

_____.

_____
for Register of Wills

Executed out of Register's Office

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

_____
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.)