

Estate of: _____

File No.: _____

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

[Print Full Name(s)]

(each) a subscribing witness to the Will dated _____ and/or Codicil(s) dated, _____ presented herewith, (each) being duly qualified according to law, depose(s) and say(s) that he/she/they was/were present and saw _____, Testator/Testatrix sign the same and that he/she/they signed as witness(es) at the request of the Testator/Testatrix in his/her presence and in the presence of each other.

(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 _____, 20_____.

Sworn to or affirmed and subscribed before me this _____ day of _____, 20_____.

for the Register of Wills

Notary Public

*My Commission Expires:
(Signature and Seal of Notary or other official qualified to administer oath(s). Show date of expiration of Notary's Commission.)*