OATH OF SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

Estate of _____, Deceased

_____, (each) a subscribing witness to
(Print Name/s)

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

_____
(Signature)

_____
(Street Address)

_____
(City, State, Zip)

Executed in Register's Office

Sworn to or affirmed and subscribed

before me this _____ day

of _____, _____.

_____
Deputy for Register of Wills

_____
(Signature)

_____
(Street Address)

_____
(City, State, Zip)

Executed out of Register's Office

Commonwealth of Pennsylvania)
County of _____) *SS:*
)

Sworn to or affirmed and subscribed

before me this _____ day

of _____, _____.

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

NOTE: To be taken by Officer authorized to administer oaths. Please have present the original or copy of instrument(s) at time of notarization.