

# SELF-PROVING AFFIDAVIT

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }

I / We, \_\_\_\_\_,  
whose names are signed to the foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator(s) signed and executed the instrument as his/her \_\_\_\_\_ and that he/she signed willingly, and that he/she executed it as his/her free and voluntary act for the purposes therein expressed, and that each of the individuals, in the presence of the Testator(s) was at the time eighteen (18) or more years of age, of sound mind and under no constraint or undue influence.

Affiant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, \_\_\_\_\_,  
on \_\_\_\_\_, by the undersigned, \_\_\_\_\_, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_ (Seal)