

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 \_\_\_\_\_, \_\_\_\_\_.

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.)*