

OATH OF SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

INDIANA COUNTY, PENNSYLVANIA

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)

(Signature)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

Executed in Register's Office

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

Executed out of Register's Office

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

Deputy for Register of Wills

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.