**STATE OF [INSERT STATE]**

**COUNTRY OF [INSERT COUNTRY]**

**IN THE OF [COURT AND JURISDICTION]**

**SELF-PROVING AFFIDAVIT**

We, [INSERT TESTATOR] (the “Testator”) and [INSERT WITNESS NAMES] (the “Witnesses”), the undersigned, being duly sworn, hereby affirm on the [INSERT DATE]:

1. The Testator signed and executed the document as the Testator’s [title of will] OR [last will and testament] OR [last will].
2. The Testator [had signed] OR [directed another to sign on their behalf] the [title of will] OR [last will and testament] OR [last will] by exercising their autonomy and have executed it as a free and voluntary act for the purposes therein expressed.
3. The [title of will] OR [last will and testament] OR [last will] was signed in the presence and hearing of the Testator and by the witnesses.
4. To the best of the witnesses’ knowledge that the Testator, in the presence of the witnesses, was over the age of 18, of sound mind and under no constraint or undue influence. They all had legal capacity.

Under penalty of perjury, I hereby declare and affirm that above stated facts, to be the best of my knowledge, are true and correct.

Dated: [INSERT DATE]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Testator Signature**

**Printed name:**

**Date:**

IN THE PRESENCE OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Witness Signature**

**Printed name:**

**Date:**

**Witness Address:** [INSERT ADDRESS], [INSERT CITY], [INSERT STATE], [INSERT ZIP CODE]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Witness Signature**

**Printed name:**

**Date:**

**Witness Address:** [INSERT ADDRESS], [INSERT CITY], [INSERT STATE], [INSERT ZIP CODE]

**NOTARY OF ACKNOWLEDGEMENT**

State of: [INSERT STATE]

Country of: [INSERT COUNTRY] (**Seal**)

This Self-proving Affidavit was acknowledged on the [INSERT DATE] by the undersigned, [INSERT UNDERSIGNED NAME], who has satisfactorily proven to me to be the person whose name is subscribed to this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

**My Commission Expires on the:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The notary public completing this acknowledgement verifies only the identity of the individual who signed the Agreement to which this certification is attached, and not to the truthfulness, accuracy, or validity of the Agreement itself.