

**OATH OF SUBSCRIBING WITNESS(ES)**

REGISTER OF WILLS

\_\_\_\_\_ 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.