

SELF-PROVING AFFIDAVIT

State of FLORIDA

County of _____

I, _____, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my will.

Signature of Testator/Testatrix

We, _____, _____ and _____
(print testator/testatrix) (print witness1) (print witness2)

the testator/testatrix and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, having been sworn, declared to the undersigned officer that the testator/testatrix, in the presence of witnesses, signed the instrument as the testator's/testatrix's last will (codicil), that the testator/testatrix signed, or directed another to sign for him or her, and that each of the witnesses, in the presence of the testator/testatrix and in the presence of each other, signed the will as a witness.

Witness1 Signature

Witness2 Signature

Street Address

Street Address

City, State, Zip

City, State, Zip

Subscribed and sworn to before me by _____, the testator/testatrix, who is personally known or has produced a _____ as identification, and by _____, a witness who is personally known or has produced a _____ as identification, and by _____, a witness who is personally known or has produced a _____ as identification on this, the ____ day of _____, 20_____.

(SEAL)

FL Notary Public – Signature

FL Notary Public – Printed Name