

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 _____ 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 _____, the 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

Sworn to or affirmed and subscribed before me this _____ day of _____, 20____.

for the Register of Wills

Executed out of Register's Office

Sworn to or affirmed and subscribed before me this _____ day of _____, 20____.

Notary Public
My Commission Expires:
(Signature and Seal of Notary or other official qualified to administer oath(s). 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. [Signature(s) may be taken before a Notary]

Estate of: _____

File No.: _____

Register of Wills of Bucks County, Pennsylvania
Oath of Witness(es) to Will Executed by Mark

[Print Full Name(s)]

(each) a subscribing witness to the Will dated _____ Codicil(s) dated _____, presented herewith, (each) being duly qualified according to law, depose(s) and say(s) that: the Testator/Testatrix was unable to sign his/her name thereto; the Testator's/Testatrix' name was subscribed thereto in Testator's/Testatrix' presence; the Testator/Testatrix made his/her mark thereon; the Testator/Testatrix and deponent(s) was/were present when Testator's/Testatrix' name was subscribed and when Testator/Testatrix made his/her mark; and the Testator/Testatrix was present when the undersigned signed the Will/Codicil as witness(es).

(Signature)

(Signature)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day of
_____, 20____.

for the Register of Wills

[Not to be signed before a Notary]

Estate of: _____

File No.: _____

Register of Wills of Bucks County, Pennsylvania
Oath of Non-Subscribing Witness(es)

[Print Full Name(s)]

(each) being duly qualified according to law, depose(s) and say(s) that he/she/they was/were well acquainted with Testator/Testatrix and is/are familiar with the handwriting and signature of the decedent, and that the signature of _____, to the foregoing instrument purporting to be the Last Will and Testament Codicil(s) of _____, is in his/her own proper handwriting.

(Signature)

(Signature)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day of
_____, 20_____.

for the Register of Wills

[Not to be signed before a Notary]

Estate of: _____

File No.: _____

Register of Wills of Bucks County, Pennsylvania
Unavailable Witness Affidavit

I, _____, being duly sworn according to law,
[Print Full Name]
depose and say that I, as the Executor/Executrix/Counsel, in the Estate
of _____, declare that _____
whose signature(s) appear(s) as a subscribing witness(es) to the Will dated _____
 Codicil(s) dated _____, is/are not readily available to prove the signature of
_____ the Testator/Testatrix by reason of his/her/their

[Explanation of Unavailability]

(Signature)

(Address)

(City, State, Zip)

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day of
_____, 20_____.

for the Register of Wills

[Not to be signed before a Notary]