

# OATH OF NON-SUBSCRIBING WITNESS(ES)

## REGISTER OF WILLS

Estate of \_\_\_\_\_, Deceased

\_\_\_\_\_ and \_\_\_\_\_,  
(each) being duly qualified according to law, depose(s) and say(s) that she / he / they was / were well-acquainted with \_\_\_\_\_ and am/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 of \_\_\_\_\_ is in his/her own proper handwriting.

\_\_\_\_\_  
(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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

### **Executed out of Register's Office**

Commonwealth of Pennsylvania )  
County of \_\_\_\_\_ ) SS:  
Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
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.)