## SELF‑PROVING AFFIDAVIT

STATE: GA COUNTY: \_\_\_\_\_\_\_\_\_\_

We, the undersigned, being duly sworn, declare that b, the Testator, signed the attached instrument as the Testator’s Last Will and Testament in our presence; that the Testator signed willingly, and that each of us, at the Testator’s request and in the Testator’s presence and in the presence of each other, signed our names as witnesses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Testator

Witness 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_\_\_\_\_\_\_\_ by the Testator and witnesses above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_