

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
ESTATE OF (Name):	DECEDENT	
PROOF OF HOLOGRAPHIC INSTRUMENT	CASE NUMBER:	

1. I was acquainted with the decedent for the following number of years (*specify*):
2. I was related to the decedent as (*specify*):
3. I have personal knowledge of the decedent's handwriting which I acquired as follows:
 - a. I saw the decedent write.
 - b. I saw a writing purporting to be in the decedent's handwriting and upon which decedent acted or was charged. It was (*specify*):
 - c. I received letters in the due course of mail purporting to be from the decedent in response to letters I addressed and mailed to the decedent.
 - d. Other (*specify other means of obtaining knowledge*):
4. I have examined the attached copy of the instrument, and its handwritten provisions were written by and the instrument was signed by the hand of the decedent. (*Affix a copy of the instrument as Attachment 4.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



.....
(TYPE OR PRINT NAME)

(SIGNATURE)

.....
(ADDRESS)

ATTORNEY'S CERTIFICATION
(Check local court rules for requirements for certifying copies of wills and codicils)

I am an active member of The State Bar of California. I declare under penalty of perjury under the laws of the State of California that Attachment 4 is a photographic copy of every page of the holographic instrument presented for probate.

Date:



.....
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY)