AFFIDAVIT OF WITNESS PURSUANT TO G.L. c. 190B, §§ 2-502, 3-405	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

Estate of:

First Name _____ Middle Name _____ Last Name _____

Date of Death: _____

_____ **Division**

I, _____ First Name _____ M.I _____ Last Name

being duly sworn, do depose and declare that in the presence of

_____ First Name _____ M.I _____ Last Name

click to add click to remove

witnessed the above named Decedent either willingly sign an instrument(s) dated _____ (date) or willingly direct another person to sign said instrument(s) in his or her conscious presence, or acknowledged said instrument(s) as and for Decedent's last Will and Testament ☐ or codicil(s) and to the best of my knowledge, the Decedent was 18 years of age or older, of sound mind, and under no constraint or undue influence.

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date _____ _____

Signature of Witness

Do not write below this line for Court use only

Subscribed and sworn to this date _____ (date) .

_____

Justice-Assistant-Judicial Case Manager-Assistant Register-Magistrate of the Probate and Family Court

Reset Form