

Self-Proving Will Affidavit (Michigan)

State of Michigan

County of _____

We, the undersigned, _____ [Testator Full Name],
_____ [Witness #1 Full Name], and
_____ [Witness #2 Full Name], being duly sworn, declare:

1. That the Testator signed the attached instrument as his/her Last Will and Testament.
2. That the Testator signed willingly, and that the Testator executed it as his/her free and voluntary act.
3. That each witness signed the will in the presence of the Testator and each other.
4. That at the time of signing, the Testator was of sound mind, over the age of 18, and under no undue influence.

Testator: _____

Name: _____

Date: _____

Witness #1: _____

Name: _____

Date: _____

Witness #2: _____

Name: _____

Date: _____

State of Michigan

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____ [Testator Full Name], _____ [Witness #1 Full Name], and _____ [Witness #2 Full Name], proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Notary Public – State of Michigan

County of _____

My commission expires: _____

Acting in the County of: _____

(seal)