SELF-PROVING AFFIDAVIT

F.S. (733.201))

State of Florida				
County of				
I,	, declare to the o	fficer taking my ack	nowledgment of this	
instrument, and to th	ne subscribing witnesses	, that I signed this ir	nstrument as my will.	
Signature of Testate				
We,	(testator/testa	trix),	(witness 1) and	
	(witness 2), the tes	stator/testatrix and t	he witnesses, respectively,	
whose names are sig	gned to the attached or f	oregoing instrumen	t, having been sworn, declared	
to the undersigned o	officer that the testator/t	estatrix, in the prese	ence of witnesses, signed the	
instrument as the te	stator's/testatrix's last w	ill (codicil), that the	testator/testatrix signed, or	
directed another to	sign for him or her, and t	hat each of the witn	esses, in the presence of the	
testator/testatrix and	d in the presence of each	n other, signed the v	vill as a witness.	
Witness 1 Signature		Witness 2 Signa	Witness 2 Signature	
Printed Name		Printed Name		
Street Address		Street Address		
City/State/Zip		City/State/Zip	City/State/Zip	

ACKNOWLEDGEMENT

F.S. 733.201

The foregoing instrument was acknowledged before me by means of \square physical presence or \square

online notarization by ______, the testator/testatrix, who is \square personally

known or \square has produced a ______ as identification, and the witnesses by means of

□ physical presence or □ online notarization _____, the first witness, who is

□ personally known or □ has produced a ______ as identification, and

_____, the second witness, who is \Box personally known or \Box has produced

a _____ as identification on this, ____ day of _____, 20____.

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)