

# OATH OF SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

INDIANA COUNTY, PENNSYLVANIA

Estate of \_\_\_\_\_, Deceased

\_\_\_\_\_, (each) a subscribing witness to  
(Print Name/s)  
the  Will  Codicil(s) presented herewith, (each) being duly qualified according to law, depose(s) and  
say(s) that she / he / they was / were present and saw the above Testator / Testatrix sign the same  
and that she / he / they signed the same and that she / he / they signed as a witness at the request of  
the Testator / Testatrix in her / his presence and in the presence of each other.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

### *Executed in Register's Office*

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

### *Executed out of Register's Office*

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
(Signature and Seal of Notary or other official qualified to  
administer oaths. Show date of expiration of Notary's Commission.)

NOTE: To be taken by Officer authorized to administer oaths. Please have present the original or copy of instrument(s) at time of notarization.