

SELF-PROVING AFFIDAVIT

STATE OF ARIZONA)
County of _____) ss.

We, the Testator/Testatrix and the witnesses, whose names are signed to the foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator/Testatrix signed and executed the instrument as his/her Last Will and Testament and that he/she had signed willingly, and that he/she executed it as his/her free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence of the Testator/Testatrix was at the time eighteen (18) or more years of age, of sound mind and under no constraint or undue influence.

Signature of Testator/Testatrix

Signature of Witness

Signature of Witness

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me on the _____ day of _____, _____ by the Testator/Testatrix and the witnesses, whose names are subscribed above.

Notary Seal and Expiration Date

Signature of Notary Public