SELF-PROVING AFFIDAVIT

State of FLORIDA
County of _____

I, _____, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my will.

_____
Signature of Testator/Testatrix

We, _____, _____ and _____
(print testator/testatrix) (print witness1) (print witness2)
the testator/testatrix and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, having been sworn, declared to the undersigned officer that the testator/testatrix, in the presence of witnesses, signed the instrument as the testator's/testatrix's last will (codicil), that the testator/testatrix signed, or directed another to sign for him or her, and that each of the witnesses, in the presence of the testator/testatrix and in the presence of each other, signed the will as a witness.

_____	_____
Witness1 Signature	Witness2 Signature
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip	City, State, Zip

Subscribed and sworn to before me by means of ☐ physical presence or ☐ online notarization by _____, the testator/testatrix, who ☐ is personally known or ☐ 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 personally known or ☐ has produced a _____ as identification on this, the _____ day of _____, 20_____.

(SEAL)

_____
FL Notary Public – Signature

_____
FL Notary Public – Printed Name

TJM Notary Services provides this form pursuant to Florida Statute §732.503