

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
Superior Court Division
Before The Clerk

_____ County

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

Date Of Paper-Writing

**AFFIDAVITS FOR PROBATE
OF HOLOGRAPHIC WILL**

HOLOGRAPHIC WILL HOLOGRAPHIC CODICIL

G.S. 31-18.2, -3.4

I, the undersigned affiant, being first duly sworn, say that the paper-writing purporting to be the Last Will and Testament or codicil of the above-named decedent, which bears the date indicated above, is now offered for probate and was found after the testator's death:

- 1. among the testator's valuable papers or effects.
- 2. in a safe deposit box or other safe place where it was deposited by the testator or under the testator's authority.
- 3. in the possession or custody of some person with whom, or some firm or corporation with which, it was deposited by the testator or under the testator's authority for safekeeping.

SWORN AND SUBSCRIBED TO BEFORE ME

Signature Of Affiant

Date

Signature Of Person Authorized To Administer Oaths

Name Of Affiant (Type Or Print)

Deputy CSC Assistant CSC Clerk Of Superior Court

SEAL Notary

Date My Commission Expires

I, the undersigned affiant, being first duly sworn, say that I am acquainted with the handwriting of the above-named decedent whose Last Will and Testament the paper-writing now shown purports to be, that I believe the paper-writing is written entirely in the handwriting of the decedent, and that the name of the decedent subscribed to or written in or on the paper-writing is in the handwriting of the decedent.

SWORN AND SUBSCRIBED TO BY EACH OF THE UNDERSIGNED AFFIANTS BEFORE ME

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Affiant 1

Deputy CSC Assistant CSC Clerk Of Superior Court

Name Of Affiant 1 (Type Or Print)

SEAL Notary

Date My Commission Expires

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Affiant 2

Deputy CSC Assistant CSC Clerk Of Superior Court

Name Of Affiant 2 (Type Or Print)

SEAL Notary

Date My Commission Expires

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Affiant 3

Deputy CSC Assistant CSC Clerk Of Superior Court

Name Of Affiant 3 (Type Or Print)

SEAL Notary

Date My Commission Expires