

SOUTH DAKOTA SELF-PROVING AFFIDAVIT

I, _____, the Testator, sign my name to this Instrument this ____ day of _____, 20____ and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

Testator's Signature _____

We, _____ and _____, the witnesses, sign our names to this instrument, being duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as his/her Last Will and that he/she signs it willingly (or willingly directs another to sign for him), and that each of us, in the presence and hearing of the Testator, hereby signs this Last Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

Witness's Signature _____

Print Name _____

Witness's Signature _____

Print Name _____

NOTARY ACKNOWLEDGMENT

County of _____
State of _____

Subscribed, sworn to and acknowledged before me by _____, the Testator and subscribed and sworn to before me by _____, and _____, this ____ day of _____, 20____.

Notary Signature _____

Print Name _____

(Seal)

