

DELAWARE SELF-PROVING AFFIDAVIT

State of Delaware

County of _____ ss.

Before me, the subscriber, on this day personally appeared, _____, _____, and _____, known to me to be the testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument and, all of these persons being by me first duly sworn, _____, the testator, declared to me and to the witnesses in my presence that the instrument is the testator's last will and that the testator had willingly signed or directed another to sign for the testator, and that the testator executed it as a free and voluntary act for the purposes therein expressed; and each of the witnesses stated to me, in the presence and hearing of the testator, that the witness signed the will as witness and that to the best of the witness' knowledge the testator was eighteen years of age or over, of sound mind and under no constraint or undue influence.

Testator's Signature _____

Witness' Signature _____

Witness' Signature _____

NOTARY ACKNOWLEDGMENT

Subscribed, sworn and acknowledged before me by _____, the testator, subscribed and sworn before me by _____ and _____ witnesses, this _____ day of _____, A.D., _____.

Notary Signature _____

Official Capacity of Officer _____

(Seal)