KENTUCKY SELF-PROVING AFFIDAVIT

I,, the testator, sign my name to this instrume, 20, and being first duly sworn, do hereby decla	nt this day of
undersigned authority that I sign and execute this instrument as my	
sign it willingly (or willingly direct another to sign for me), that I execu	
voluntary act for the purposes therein expressed, and that I am eight	
age or older, of sound mind, and under no constraint or undue influe	nce.
Testator's Signature	
We,, the witnesses, sign	our names to this
We,, the witnesses, sign instrument, being first duly sworn, and do hereby declare to the under	
that the testator signs and executes this instrument as his last will ar	
willingly (or willingly directs another to sign for him), and that each of and hearing of the testator and in the presence of the other subscrib	
signs this will as witness to the testator's signing, and that to the bes	-
the testator is eighteen (18) years of age or older, of sound mind, an	
constraint or undue influence.	
Witness's Signature	
Print Name	
Witness's Signature	
Print Name	
NOTARY ACKNOWLEDGMENT	
THE STATE OF	
COUNTY OF	
Subscribed, sworn to and acknowledged before me by	the testator
and subscribed and sworn to before me by, and	, the testater
and subscribed and sworn to before me by, and, and, witnesses, this day of	
Notary Signature	
Official Capacity of Officer	(0.15)
	(Seal)

