**OKLAHOMA SELF-PROVING AFFIDAVIT**

THE STATE OF OKLAHOMA

COUNTY OF [COUNTY]

Before me, the undersigned authority, on this day personally appeared [TESTATOR NAME], [WITNESS 1 NAME], and [WITNESS 2 NAME], known to me to be the testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me first duly sworn, said [TESTATOR NAME], testator, declared to me and to the said witnesses in my presence that said instrument is his last will and testament or a codicil to his last will and testament, and that he had willingly made and executed it as his free and voluntary act and deed for the purposes therein expressed; and the said witnesses, each on his oath stated to me, in the presence and hearing of the said testator, that the said testator had declared to them that said instrument is his last will and testament or codicil to his last will and testament, and that he executed same as such and wanted each of them to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said testator and at his request and that said testator was at that time eighteen (18) years of age or over and was of sound mind.

**Testator’s Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

**Witness’s Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Print Name and Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness’s Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Print Name and Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

Subscribed, sworn to, and acknowledged before me by [TESTATOR NAME], the testator, and subscribed and sworn to before me by [WITNESS 1 NAME], and [WITNESS 2 NAME], this [DATE].

**Notary Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Capacity of Officer [OFFICIAL CAPACITY OF OFFICER]

(Seal)