IN THE CHANCERY COURT FOR ANDERSON COUNTY, TENNESSEE

ESTATE OF:	NO	
(Decedent)		
AFFIDAVIT OF WITNESS TO HOLOGI	RAPHIC WILL	
The Affiant, after being sworn, deposes and says		
1. My name is:	;	
2. My address is:	;	
3. I have examined the attached document and believe tha	t the entire document	is in the
handwriting of :	;	
4. I have examined the attached document and believe tha	t the document bears	the
signature of:	;	1
5. My relationship to the decedent was		, and
I had many occasions to see specimens of his handwriting a	and signature.	
6. At the time this document was written, I believe the dece	dent was of sound mir	nd and over
the age of 18 years.		
		Print Name
		Signature
		Street Address
	City State	and Zip Code
		•
	Phone number w	ith area code

STATE OF	
COUNTY OF	
Personally appeared before me the said	d , and
	the facts averred in the above affidavit are true
(My Commission expires:	NOTARY PUBLIC
(My Commission expires:)	