

AFFIDAVIT

COUNTY OF ARMSTRONG }
STATE OF PENNSYLVANIA } SS

BE IT KNOW THAT on the _____ day of _____ A.D.
19 _____, before me, _____, Register of Wills, etc., in and for
the County aforesaid, came _____
_____ who deposes and says that _____
_____ (subscribing witness) (subscribing witness) of the Last Will
and Testament or Codicil of _____
late of the _____ of _____ Armstrong
County, Pennsylvania (is) (are) _____

and therefore not readily available.

Sworn and subscribed before me the above date.

Register of Wills

Deputy