		<b>21</b> • • • • • • • • • • • • • • • • • • •
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
_		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME: ESTATE OF (Name):		
ESTATE OF (Name).		
	DECEDENT	
PROOF OF SUBSCRIBING WITNES	 S	CASE NUMBER:
I am one of the attesting witnesses to the instrument of which and my signature is on it.  The name of the decedent was signed in the present.		
<ul> <li>a The name of the decedent was signed in the presence of the attesting witnesses present at the same time by</li> <li>(1) the decedent personally.</li> <li>(2) another person in the decedent's presence and by the decedent's direction.</li> </ul>		
b. The decedent acknowledged in the presence of the attesting witnesses present at the same time that the decedent's name was signed by		
<ul> <li>(1) the decedent personally.</li> <li>(2) another person in the decedent's presence and by the decedent's direction.</li> </ul>		
c. The decedent acknowledged in the presence of the a signed was decedent's		
(1) will. (2) codicil.		
When I signed the instrument, I understood that it was deceder	nt's will 0	codicil.
3. I have no knowledge of any facts indicating that the instrument, or any part of it, was procured by duress, menace, fraud, or undue influence.		
I declare under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is	s true and correct.
s declare arraer persant, or perjant, arraer are cause or are	oa tilat tilo lologoillg i	
Date:		
· · · · · · · · · · · · · · · · · · ·		
(TYPE OR PRINT NAME)		(SIGNATURE OF WITNESS)
(ADDRESS)		
ATTORNEY'S CERTIFICATION		
(Check local court rules for requirements for certifying copies of wills and codicils)		
I am an active member of The State Bar of California. I declare under penalty of perjury under the laws of the State of California that Attachment 1 is a photographic copy of every page of the will codicil presented for probate.		
Detai		
Date:		
(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY)