CTATE O	E NODT!!	CAROLINA	File No.	
SIAIEU	r NUKIH	CAROLINA		
		County	In The General Court Of Justice Superior Court Division Before The Clerk	
	THE MATTER	OF THE ESTATE OF:	AFFIDAVITO FO	
Name Of Decedent			AFFIDAVITS FOR PROBATE	
			OF HOLOGRAPHIC WILL HOLOGRAPHIC WILL HOLOGRAPHIC CODICIL	
Date Of Paper-Writin	ng		HOLOGRAPHIC WILL	
				G.S. 28A-2A-9, 31-3.4
	above-named		e paper-writing purporting to be the indicated above, is now offered for	
_		valuable papers or effects.		
☐ 2. in a sa	the testator's authority.			
3. in the tes	oossession or otator or o	custody of some person with who the testator's authority for safeke	om, or some firm or corporation with eping.	h which, it was deposited by
SWORN/AFF	IRMED AND S	SUBSCRIBED TO BEFORE ME	Signature Of Affiant	
Date	te Signature Of Person Authorized To Administer Oaths		Name Of Affiant (Type Or Print)	
Deputy CSC	Assistant Co	SC Clerk Of Superior Court		
SEAL	☐ Notary	Date My Commission Expires	County And State (Or Country) Where Notarize	ed
decedent wh written entire	lose Last Will a ely in the hand	and Testament the paper-writing	m acquainted with the handwriting now shown purports to be, that I be the name of the decedent subscribe	elieve the paper-writing is
SWORN/AFF	IRMED AND S	SUBSCRIBED TO BEFORE ME	Signature Of Affiant 2	
Date	Signature Of	Person Authorized To Administer Oaths	Name Of Affiant 2 (Type Or Print)	
Deputy CSC	Assistant C	SC Clerk Of Superior Court		
SEAL	Notary	Date My Commission Expires	County And State (Or Country) Where Notarize	ed
decedent wh written entire	lose Last Will a ely in the handv	and Testament the paper-writing	nm acquainted with the handwriting now shown purports to be, that I be the name of the decedent subscribe	elieve the paper-writing is
SWORN/AFF	IRMED AND	SUBSCRIBED TO BEFORE ME	Signature Of Affiant 3	
Date	Signature Of	Person Authorized To Administer Oaths	Name Of Affiant 3 (Type Or Print)	
Deputy CSC	Assistant Co	SC Clerk Of Superior Court	_	
SEAL	Notary	Date My Commission Expires	County And State (Or Country) Where Notarize	ed
	I	1		

Over Original - File

I, the undersigned affiant, being first duly sworn, say that I am acquainted with the handwriting of the above-named decedent whose Last Will and Testament the paper-writing now shown purports to be, that I believe the paper-writing is written entirely in the handwriting of the decedent, and that the name of the decedent subscribed to or written in or on the paper-writing is in the handwriting of the decedent.							
SWORN/AFF	IRMED AND	SUBSC	RIBED TO BEFORE ME	Signature Of Affiant 4			
Date	Signature C	of Person Aut	thorized To Administer Oaths	Name Of Affiant 4 (Type Or Print)			
Deputy CSC	Assistant	Assistant CSC Clerk Of Superior Court		-			
SEAL	☐ Notary	Date My	Commission Expires	County And State (Or Country) Where Notarized			