



Office of the Fiduciary Supervisor

Kanawha County Commission

P.O. Box 3627, Charleston, WV 25336

(304) 357-0125

Attestation Clause

(One Person)

State of: _____

County of: _____, To-Wit:

I, _____ do solemnly swear that in my presence _____ signed, published and declared the hereto annexed writing, dated the ____ day of _____, 20____, and for his/her Last Will and Testament, and that I believe he/she was of sound mind and memory and that _____ and _____, at his/her request, and in his/her presence, and in the presence of each other, did subscribe our names thereto as witnesses, and that he/she was over the age of eighteen years.

Date: _____

(Witness)

State of: _____

County of: _____, To-Wit:

I, _____, a Notary Public in and for said County and State, do certify that _____ whose name is signed to the foregoing writing bearing date the ____ day of _____, 20____, has this day acknowledged the same before me in said County.

Given under my hand this ____ day of _____, 20____.

My commission expires _____.

(Notary Public)