

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of

_____,
Decedent

STATE OF MINNESOTA

} ss.

COUNTY OF _____

TESTIMONY OF WITNESS
TO WILL CODICIL

I, _____, state:

1. My address is: _____.
2. I am one of the subscribing witnesses to the Instrument purporting to be:
 Decedent's Last Will and Testament dated _____.
or
 the _____ Codicil dated _____ to Decedent's Will.
3. On that date the Decedent signed the Instrument in my presence or the Decedent acknowledged the signature as Decedent's signature or as having been made in Decedent's presence and at Decedent's direction.
4. Then, at Decedent's request, I signed my name as a witness in the presence of Decedent.
5. To the best of my knowledge and belief, Decedent at the time of the execution of the Instrument was 18 or more years of age, of sound mind, memory and understanding, of lawful age and under no constraint or undue influence.

I declare under penalty of perjury that everything I have stated in this document is true and correct.
MINN. STAT. § 358.116.

Dated: _____

Witness

Attorney for _____
Name _____
Firm _____
Street _____
City, State, ZIP _____
Attorney License No: _____
Telephone: _____
FAX: _____
Email: _____

SAMPLE DOCUMENT