

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of

_____,
Decedent

AFFIDAVIT IDENTIFYING SIGNATURE
OF TESTATOR
(WITNESS NOT AVAILABLE)

STATE OF MINNESOTA

COUNTY OF _____

} ss.

_____, (“Affiant”), I state that:

1. I have been shown the attached photocopy of the document.
2. I have been advised that the original of this document is now being presented for probate in this Court.
3. I knew the Decedent and am familiar with Decedent’s signature.
4. I believe that the signature on the document is Decedent’s signature.

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

Date: _____

Affiant