**THE KING'S BENCH**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre**

##### AFFIDAVIT PROVING SIGNATURE

##### (WITNESSES DECEASED OR CANNOT BE LOCATED)

IN THE ESTATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAKE OATH AND SAY:

 *(name of deponent) (city/town) (province/territory)*

1. That I was (a/the) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the deceased, who died on or about

 *(state how deceased was known to deponent)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am familiar with their handwriting and signature as I have known

 *(date of death)*

the deceased for \_\_\_\_\_\_\_\_\_\_ years prior to their death, and during that time I have become familiar

 *(number of years)*

with their handwriting and signature.

1. That I have carefully examined the signature on the Will dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is

 *(date of will)*

marked as Exhibit “A” to this Affidavit and purporting to be signed by the deceased, and I verily believe the signature subscribed to the Will is the signature of the deceased.

1. That on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the date on which the Will was made and signed, the deceased was

 *(date of will)*

of the full age of eighteen years and appeared to be of sound mind, memory and understanding.

1. That I am not a beneficiary or spouse or common law partner of a beneficiary under the Will of the deceased.
2. That upon investigation made by me, to the best of my knowledge and belief, the witnesses to the

Will of the deceased have (predeceased the testator, cannot be located, or as the case may be).

Sworn (or Affirmed) before me at the

\_\_\_\_\_\_\_\_\_\_\_ of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the Province of Manitoba,

this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Deponent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner for Oaths in and for the

Province of Manitoba

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This is a precedent and may be modified as required)*