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| Form 2[A]Probate District: Probate Court File No: |

**IN THE COURT OF PROBATE FOR NOVA SCOTIA**

**IN THE ESTATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Deceased**

**Affidavit Proving Execution of a Holograph Will**

**(Section 11A)**

I,  name of deponent  , of         street and postal address, place, province/state, country        , make oath and say:

1. (a) I was well acquainted with the deceased,  name of deceased  . I frequently saw the deceased write and sign their name and I am well acquainted with the deceased’s handwriting and signature.

OR

(b) I am well acquainted with  name  . I have frequently seen  name  write and sign their name and I am well acquainted with their handwriting and signature.

[Choose (a) or (b) and delete the other.]

1. I have carefully examined the document dated       date       that is attached to this affidavit and marked Exhibit “A”.
2. I believe the whole of the document including the signature to be in the handwriting of name of signor.

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| **Sworn before me** at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,in the Country of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Province of                             , on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A Barrister of the Supreme Court of Nova Scotia, Notary Public in and for the Province of Nova Scotia, Registrar of Probate or Deputy Registrar of Probate | )))))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature  |