

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):	TELEPHONE AND FAX NOS.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR ( <i>Name</i> ):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
ESTATE OF ( <i>Name</i> ):	DECEDENT	
<b>PROOF OF HOLOGRAPHIC INSTRUMENT</b>	CASE NUMBER:	

1. I was acquainted with the decedent for the following number of years (*specify*):
2.  I was related to the decedent as (*specify*):
3. I have personal knowledge of the decedent's handwriting which I acquired as follows:
  - a.  I saw the decedent write.
  - b.  I saw a writing purporting to be in the decedent's handwriting and upon which decedent acted or was charged. It was (*specify*):
  - c.  I received letters in the due course of mail purporting to be from the decedent in response to letters I addressed and mailed to the decedent.
  - d.  Other (*specify other means of obtaining knowledge*):
4. I have examined the attached copy of the instrument, and its handwritten provisions were written by and the instrument was signed by the hand of the decedent. (*Affix a copy of the instrument as Attachment 4.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
 (TYPE OR PRINT NAME)

.....  
 (ADDRESS)

▶

\_\_\_\_\_ (SIGNATURE)

**ATTORNEY'S CERTIFICATION**

*(Check local court rules for requirements for certifying copies of wills and codicils)*

I am an active member of The State Bar of California. I declare under penalty of perjury under the laws of the State of California that Attachment 4 is a photographic copy of every page of the holographic instrument presented for probate.

Date:

.....  
 (TYPE OR PRINT NAME)

▶

\_\_\_\_\_ (SIGNATURE OF ATTORNEY)