

**DEPOSITION OF WITNESS TO PROVE SIGNATURES OF DECEASED ATTESTING WITNESSES AND OF THE TESTATOR**  
COMMONWEALTH OF VIRGINIA

....., the Decedent

....., the Deponent

**TO THE DEPONENT:**

You are providing this Court testimony under Oath which will assist the Clerk/Court in proving the attached writing to be the Last Will and Testament of the Decedent.

Please answer all questions truthfully and completely. After being duly sworn, the deponent says as follows:

1. State your name, age, and residence address.

Answer:

.....

2. Are you a beneficiary under the writing presented for probate?

Answer:  Yes  No

If the answer to Question 2 is "Yes," describe the benefit you expect to receive as a result of your testimony.

Answer:

.....

3. Do you recognize any of the signatures (any attesting witness and/or the Decedent) appearing on the attached writing?

Answer:  Yes  No

a. If you answered "Yes" to Question 3, which of the signatures appearing on the attached writing can you identify?

Answer:

.....

b. If you answered "Yes" to Question 3., describe how you are personally familiar with the handwriting of the witness(es) and/or Decedent. (Example: by reference to correspondence, business records, handwritten notes of the witness(es) and/or the Deceased.)

Answer:

.....

4. Is your testimony in this matter freely and voluntarily given?

Answer:  Yes  No

.....  
DATE

.....  
SIGNATURE OF DEPONENT

State/Commonwealth of ..... [ ] City [ ] County of .....

The foregoing Deposition was subscribed and sworn to before me this ..... day of ....., 20 .....

by .....  
NAME

.....  
[ ] CLERK [ ] DEPUTY CLERK [ ] NOTARY PUBLIC

My commission expires: ..... Registration No. ....