

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
ESTATE OF (Name):		DECEDENT	
PROOF OF HOLOGRAPHIC INSTRUMENT			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) ..... (SIGNATURE)

..... (ADDRESS) .....

### 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)