WILL ABSTRACT

Surname _____

County _____State_____ Book_____ Page(s)_____

Date Signed_____Date Probated_____Date Recorded_____

TESTATOR: _____Of: County_____State _____

EXECUTOR(S): _____

PROVISIONS: _____

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Witnesses: _____

_____Court Official:_____

Proven by the oath of the witnesses, _____on _____

©10pfh05

Researcher's Name_____

Street Address_____

City_____State_____Zip_____

Phone_____Email_____

Research Date_____

Research Location _____

Title (if publication) _____

Author_____Page_____Date Published_____

Microfilm: Box_____ Drawer _____

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