[] PROOF OF HOLOGRAPHIC WILL [] PROOF OF WILL OF PERSON IN MILITARY SERVICE COMMONWEALTH OF VIRGINIA VA. CODE §§ 64.2-403, 64.2-408 NAME OF DECEDENT DATE OF DEATH and NAME OF SUBSCRIBER , duly sworn before me, say NAME OF SUBSCRIBER [] (Proof of Holographic Will) that they are well acquainted with the handwriting of the above-named decedent, and being shown the annexed writing, say that they believe it is wholly in the handwriting of the decedent and that the signature to the writing is the genuine signature of the decedent. The subscribers say that they are disinterested in the estate of the decedent. [] (Proof of Will of Person in Military Service) that they are well acquainted with the handwriting of the above-named decedent, and being shown the annexed writing, say that they believe that the signature to the writing is the genuine signature of the decedent. The subscribers say they are disinterested in the estate of the decedent, and that the decedent was both a person in the military service of the United States as referenced in Virginia Code § 64.2-408 and in such military service when the decedent signed the paper. SUBSCRIBER SUBSCRIBER Subscribed and sworn to before me on , Clerk

____, Deputy Clerk