

## Register of Wills of Berks County, Pennsylvania AFFIDAVIT BY FOREIGN FIDUCIARY

known as				
TIOWIT 43				
		, D	eceased	Social Security No.
l am	Executor			
We are	Administrator Trustee			
	Guardian	in the above estate.		
Decedent died			a racidant of	
-	Date	.,	a resident of	City
	0			01-11-
	County			State
arry power writer	deponent(s) would	not be permitted to exercise	alth of Pennsy in the jurisdict	deponent(s) has/have been able to discover, the /lvania; and that deponent(s) will not exercise tion of deponent's(s') appointment.
any power willor	n deponent(s) would i	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise
	n deponent(s) would in the second of the sec	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise
Sworn to or affirr	i deponent(s) would i	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise tion of deponent's(s') appointment.
Sworn to or affirn	n deponent(s) would in the deponent of the dep	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise
Sworn to or affirn	n deponent(s) would i	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise tion of deponent's(s') appointment.
Sworn to or affirr	n deponent(s) would in the deponent of the dep	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise tion of deponent's(s') appointment.  (Signature)
Sworn to or affirn before me this	med and subscribed day of, 20	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise tion of deponent's(s') appointment.
Sworn to or affire the perfore me this	med and subscribed day of, 20	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise tion of deponent's(s') appointment.  (Signature)
Sworn to or affirm before me this	med and subscribed  day of  zo, 20  Expires:  I Notary or other official oaths. Show date of	not be permitted to exercise	alth of Pennsy in the jurisdict	(Signature)  (Address)
Sworn to or affirm before me this	med and subscribed  day of  zo, 20  Expires:  I Notary or other official oaths. Show date of	not be permitted to exercise	alth of Pennsy in the jurisdict	ylvania; and that deponent(s) will not exercise tion of deponent's(s') appointment.  (Signature)
Sworn to or affirr before me this	med and subscribed  day of  zo, 20  Expires:  I Notary or other official oaths. Show date of	not be permitted to exercise	alth of Pennsy in the jurisdict	(Signature)  (Address)
Sworn to or affirm before me this	med and subscribed  day of  zo, 20  Expires:  I Notary or other official oaths. Show date of	not be permitted to exercise	alth of Pennsy in the jurisdict	(Signature)  (Address)
Sworn to or affirm before me this	med and subscribed  day of  zo, 20  Expires:  I Notary or other official oaths. Show date of	not be permitted to exercise	alth of Pennsy in the jurisdict	(Signature)  (Signature)  (Signature)
Sworn to or affirm before me this	med and subscribed  day of  zo, 20  Expires:  I Notary or other official oaths. Show date of	not be permitted to exercise	alth of Pennsy in the jurisdict	(Signature)  (Signature)  (Signature)