

ESTATE OF TOUPPER(FIELD(Principal))
Cause No. FIELD(Cause Number)

DIRECT EXAMINATION OF WITNESS

1. NAME, ANY RELATIONSHIP TO TOUPPER(FIELD(Principal)), DECEASED
2. PERSONALLY ACQUAINTED WITH TOUPPER(FIELD(Principal)), AND WELL ACQUAINTED WITH HER HANDWRITING AND SIGNATURE?
3. SHOW YOU A DOCUMENT DATED TOUPPER(FIELD(Date of Will)): IS THIS [ENTIRELY IN TOUPPER(FIELD(Principal))'S HANDWRITING AND]SIGNED BY TOUPPER(FIELD(Principal))?
4. ANY FINANCIAL INTEREST IN THE ESTATE OF TOUPPER(FIELD(Principal))? OWE ANYTHING TO THE ESTATE? DOES THE ESTATE OWE ANYTHING TO YOU? PROMISED OR RECEIVED ANYTHING OF VALUE FOR YOUR TESTIMONY TODAY?