

SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF \_\_\_\_\_

— — — — — X

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

\_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_ Deceased.

— — — — — X

STATE OF NEW YORK \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

AFFIDAVIT OF ATTESTING WITNESS

(After Death)

Pursuant to SCPA 1406

File # \_\_\_\_\_

ss.:

The undersigned witness, being duly sworn, deposes and says:

(1) I have been shown [check one]

the original instrument dated \_\_\_\_\_,

a court-certified photographic reproduction of the original instrument dated \_\_\_\_\_,

purporting to be the last Will and Testament/Codicil of the above-named decedent.

(2) On the date indicated in such instrument (under the supervision of an attorney), I saw the decedent

subscribe the same at the place where decedent's signature appears, and I heard the decedent declare such instrument to be his/her last Will and Testament/Codicil.

(3) I thereafter signed my name to such instrument as a witness thereto at the request of the decedent,

and I saw the other witness (es) \_\_\_\_\_ sign

his/her/their names (s) at the end of such instrument as a witness thereto.

(4) At the time the decedent subscribed and executed such instrument, the decedent was to the best of my

knowledge and belief upwards of 18 years of age, and in all respects appeared to be of sound and disposing mind, memory and understanding, competent to make a will, and not under any restraint.

(5) The decedent could read, write and converse in the English language, and was not suffering from

defects of sight, hearing or speech, or any other physical or mental impairment, which would affect his/her capacity to make a valid will. The purported instrument was the only copy of said Will/Codicil executed on that occasion, and was not executed in counterparts.

(6) I am making this affidavit at the request of \_\_\_\_\_.

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Town/State/Zip)

Sworn before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Stamp or Seal)

**[Note: Each witness must be shown either the Original Will or a Court-Certified Reproduction thereof. The Notary Public subscribing to this affidavit may Not be a party or witness to the Will.]**