

COUNTY OF _____

— — — — — X

PROBATE PROCEEDING, _____

WILL OF _____

a/k/a _____

Deceased.

— — — — — X

STATE OF NEW YORK _____)

COUNTY OF _____)

_____ of _____,

being duly sworn, says that I am over the age of eighteen years; that I made personal service of the citation herein dated _____, 20_____, and a copy of the Will/Codicil on each person named below, each of whom deponent knew to be the person mentioned and described in said citation, by delivering to and leaving with each of them personally a true copy of said citation and Will/Codicil, as follows:

_____ description: sex _____, color of skin _____, color of hair _____, approximate age _____, weight _____, height _____, at o'clock _____.m. on the day of _____ 20_____, at _____

_____ description: sex _____, color of skin _____, color of hair _____, approximate age _____, weight _____, height _____, at o'clock _____.m. on the day of _____ 20_____, at _____

_____ description: sex _____, color of skin _____, color of hair _____, approximate age _____, weight _____, height _____, at o'clock _____.m. on the day of _____ 20_____, at _____

That none of the aforesaid persons is in the military service as defined by the Act of Congress known as the "Soldiers' and Sailors' Civil Relief Act of 1940" and in the New York "Soldiers' and Sailors' Civil Relief Act."

Sworn to before me this

_____ day of _____, 20____

Signature

Print Name

Notary Public: _____

Commission Expires: _____

(Affix Notary Stamp or Seal)

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel No.: _____

Email: _____

Address of Attorney: _____