

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 _____)

APPLICATION TO DISPENSE WITH
TESTIMONY OF ATTESTING WITNESS
(SCPA 1405)

File No. _____

ss.:

_____, being duly sworn, deposes and says:

The testimony of _____ an attesting witness to the
Will/Codicil of the above-named decedent, dated _____, _____, offered for probate, cannot be
obtained because of death absence disability inability to locate.

[Explain in detail and add additional affidavit if necessary]

Wherefore it is respectfully requested, pursuant to SCPA 1405, that the testimony of said witness be dispensed with.

Sworn to before me this

_____ day of _____, 20____

Signature

Print Name

Notary Public: _____

Commission Expires: _____

(Affix Notary Stamp or Seal)

SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF _____

_____ X

PROBATE PROCEEDING, _____

WILL OF _____

a/k/a _____

Deceased.

_____ X

ORDER DISPENSING
WITH TESTIMONY OF
ATTESTING WITNESS

File No. _____

Upon reading and filing the foregoing affidavit which states why the attesting witness therein named is unable to appear in this Court, it is

ORDERED that the testimony of _____,
as an attesting witness to the instrument offered for probate herein, is hereby dispensed with in this probate proceeding.

Dated _____, 20 _____

Surrogate