SURROGATE'S COURT OF THE STATE OF NEW YOR COUNTY OF	K
PROBATE PROCEEDING, WILL OF	
a/k/a	AFFIDAVIT OF ATTESTING WITNESS (After Death) (Pursuant to SCPA 1406)
Deceased.	File No.
STATE OF	
The undersigned witness, being duly sworn, deposes and 1. I have been shown:	d says:
the original instrument dated	
a court certified photographic reproduction of the purporting to be the last Will and Testament/Codicil of the	
2. On the date indicated in such instrument (\Box	under the supervision of an attorney, , Esq./ ☐None), I saw the decedent subscribe the
same at the place where decedent's signature appears, a be his/her last Will and Testament/Codicil.	
3. I thereafter signed my name to such instrumer and in the presence of the decedent, and I saw the other	nt as a witness thereto at the request of the decedent witness(es)
sign his/her/their name(s) at the end of such instrument a	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				
City, Village, or Town	State	ZIP Code	Country	
Sworn to before me this				
day of				
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 the Affidavit may not be a party or witness to the Will.]