| COUNTY OF | | |
|---|--|--|
| PROBATE PROCEEDING WILL OF | | AFFIDAVIT OF ATTESTING WITNESS (After Death) Pursuant to SCPA 1406 File No |
| | Deceased. | |
| | x | |
| STATE OF NEW YORK COUNTY OF |)) ss.: | |
| The undersigned witness, being du | ly sworn, deposes and says: | |
| (1) I have been shown [check () the original instrum () a court-certified ph purporting to be the last Will and T | ent datedotographic reproduction of the | original instrument dated, |
| | | vision of an attorney), I saw the decedent subscribe the sam decedent declare such instrument to be his/her last Will an |
| (3) I thereafter signed my name witness (es)his/her/their names (s) at the end of | | ss thereto at the request of the decedent, and I saw the othe |
| (4) At the time the decedent se | ubscribed and executed such f age, and in all respects ap | instrument, the decedent was to the best of my knowledg beared to be of sound and disposing mind, memory an |
| hearing or speech, or any other phy | ysical or mental impairment, w | lish language, and was not suffering from defects of sigh hich would affect his/her capacity to make a valid will. Th led on that occasion, and was not executed in counterparts |
| (6) I am making this affidavit a | it the request of | · |
| | | |
| | | (Witness Signature) |
| | | (Print Name) |
| | | (Street Address) |
| | | (Town/State/Zip) |
| Sworn before me this, 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.]

P-3 (10/96)