**AFFIDAVIT OF ATTESTING WITNESSES**

STATE OF NEW YORK )

) ss.:

COUNTY OF [NEW YORK] )

Each of the undersigned, individually and severally being duly sworn, deposes and says:

The within Will was subscribed in our presence and sight at the end thereof by ***[Note: Choose one of the following based on whether the Testator needs assistance signing is directing another to sign for them:*** [TESTATOR], the within named Testator / [PERSON SIGNING FOR TESTATOR] for [TESTATOR] at [TESTATOR]’s direction in accordance with N.Y. EPTL § 3-2.1(a)(1)(C)***]***, on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at [ADDRESS FOR WHERE SIGNING IS TAKING PLACE], in the Borough of [Manhattan], City of [ ], County of [ ] and State of New York with the ***[Note: If Testator is receiving assistance with signing (in contrast to directing another to sign on their behalf) or reading, choose whichever of the following apply:]*** [signing] [and reading] [,reading, and [NAME OF LANGUAGE]-language translation, assistance of [TRANSLATOR’S/ASSISTANT’S NAME].

Said Testator at the time of making such subscription declared the instrument so subscribed to be [HIS/HER/THEIR/FEEL FREE TO MAKE ANY LANGUAGE IN BRACKETS IN THE BODY OF THE TEXT OF THIS FORM LOWERCASE] Last Will & Testament.

Each of the undersigned were physically present at the same time and place as the Testator and thereupon signed [his/her/their] name as a witness at the end of said will at the request of said Testator and in [HIS/HER/THEIR] presence ***[Note: Delete the following two words if Testator is unable to see:*** and sight***]*** and in the presence and sight of each other.

Said Testator was, at the time of so executing said Will, over the age of 18 years and, in the respective opinions of the undersigned, of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a will.

The Testator, in the respective opinions of the undersigned, could ***[Note: Delete the following words if Testator is unable to read and/or write:*** read, write and***]*** converse in the [English] language and has no disability of ***[Note: Delete the following words if Testator is unable to see and/or hear:*** sight, hearing***]*** or speech, or any other physical or mental impairment which would affect [HIS/HER/THEIR] capacity to make a valid will. The will was executed as a single, original instrument and was not executed in counterparts.

Each of the undersigned was acquainted with said Testator at such time and makes this affidavit at [HIS/HER/THEIR] request.

The within Will was shown to the undersigned at the time this affidavit was made, and was examined by each of them as to the signature of said Testator and of the undersigned.

The foregoing instrument was executed by the Testator and witnessed by each of the undersigned affiants under the supervision of [SUPERVISING ATTORNEY], Esq., [LAW FIRM], an attorney-at-law.

**WITNESSES’ NAMES WITNESSES’ ADDRESSES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **Witness 1** Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of **Witness 1** City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **Witness 2** Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of **Witness 2** City State Zip Code

Severally sworn to before me on

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**