**AFFIDAVIT OF READING [AND SIGNING]**

STATE OF NEW YORK )

) ss:

COUNTY OF [NEW YORK] )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly sworn, deposes and says:

1. Upon information and belief, [CLIENT’S NAME] is unable to read [OPTIONAL ADDITIONAL LANGUAGE, E.G., “DUE TO A VISION IMPAIRMENT”].
2. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_, I read the attached Health Care Proxy to [CLIENT’S NAME].
3. [CLIENT’S NAME] indicated that [HE/SHE/THEY] understood the contents of the attached document and that [HE/SHE/THEY] wanted to execute the document. **[Note: Include the following sentence only if the client is able to sign their name.]**Then [HE/SHE/THEY] signed said document in my presence.

**[If they are unable to sign their name, include paragraphs 4 and 5:]**

1. Upon information and belief, [CLIENT’S NAME] is unable to sign [HIS/HER/THEIR] signature [OPTIONAL ADDITIONAL LANGUAGE, E.G., “DUE TO A VISION IMPAIRMENT”].
2. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_, I [LANGUAGE DETAILING HOW YOU ASSISTED CLIENT IN SIGNING, E.G., SIGNED FOR THEM, GUIDED THEIR HAND] in accordance with [CLIENT’S NAME]’s direction **[Note: Include the following only if signing document for the client]** and in accordance with NYPHL § 2981(2).
3. The foregoing instrument was executed by [CLIENT’S NAME] under the supervision of [SUPERVISING ATTORNEY], Esq., [LAW FIRM], an attorney-at-law

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

 [NAME OF READER]

 [ADRESS OF READER]

***Delete note before printing:* [Notary block should appear on same page as signature of person signing affidavit]**

Sworn to before me this

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

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

NOTARY PUBLIC