**AFFIDAVIT OF READING**

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 Living Will 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. Then [HE/SHE/THEY] signed said document in my presence.
4. 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]

[ADDRESS 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