**AFFIDAVIT OF 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 sign [HIS/HER/THEIR] signature [OPTIONAL ADDITIONAL LANGUAGE, E.G., “DUE TO A PHYSICAL IMPAIRMENT”; “DUE TO A VISION IMPAIRMENT”].
2. [CLIENT’S NAME] directed me to sign [HIS/HER/THEIR] Health Care Proxy.
3. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_, I signed this Health Care Proxy in accordance with [CLIENT’S NAME]’s direction and in accordance with NYPHL § 2981(2).
4. The foregoing instrument was executed under the supervision of [SUPERVISING ATTORNEY], Esq., [LAW FIRM], an attorney-at-law.

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

 [NAME OF PERSON SIGNING]

 [ADDRESS OF PERSON SIGNING]

***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