**AFFIDAVIT OF SIGNING**

STATE OF NEW YORK )

) ss:

COUNTY OF [NEW YORK] )

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

1. Upon information and belief, [TESTATOR] is unable to sign [HIS/HER/THEIR] signature [OPTIONAL ADDITIONAL LANGUAGE, E.G., “DUE TO A VISION IMPAIRMENT”].
2. [TESTATOR] directed me to sign [HIS/HER/THEIR] Last Will and Testament in [HIS/HER/THEIR] name.
3. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_, I signed [TESTATOR]’s Last Will and Testament in [HIS/HER/THEIR] name in [HIS/HER/THEIR] presence in accordance [TESTATOR]’s direction and in accordance with N.Y. EPTL § 3-2.1(a)(1)(C).
4. The foregoing instrument was executed by the Testator under the supervision of [SUPERVISING ATTORNEY], Esq., [LAW FIRM], an attorney-at-law.

 x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [NAME OF PERSON SIGNING FOR TESTATOR]

[ADDRESS OF PERSON SIGNING FOR TESTATOR]

***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