**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 attached Last Will & Testament was signed by the Testator, [TESTATOR’S NAME], or by someone directed by the Testator to sign on the Testator’s behalf and in the Testator’s presence, on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at [ADDRESS OF EXECUTION] in the Borough of [BOROUGH], City of [CITY], County of [COUNTY] and State of New York.

We were physically present at the same time and place as the Testator when [HE/SHE/THEY/FEEL FREE TO MAKE ANY LANGUAGE IN BRACKETS IN THE BODY OF THE TEXT OF THIS FORM LOWERCASE] signed the within will, which was published and declared by [HIM/HER/THEM] to be [HIS/HERTHEIR] Last Will and Testament, and thereupon we, at [HIS/HER/THEIR] request, and in [HIS/HER/THEIR] presence, and in the presence of each other, did subscribe our names thereto as attesting witnesses; or

The Testator, within 30 days of signing, showed [HIS/HER/THEIR] original signature to each of us and acknowledged to us that it is [HIS/HER/THEIR] original signature and that the instrument is [HIS/HER/THEIR] Last Will and Testament and it reflects [HIS/HER/THEIR] wishes, and that we then signed at the Testator’s request.

Said Testator was, at the time of so executing said Last Will and Testament, 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 Last Will and Testament.

The Testator, in the respective opinions of the undersigned, could read, write and converse in the English language and presently has no disability of sight, hearing or speech, or any other physical or mental impairment which would affect [HIS/HER/THEIR] capacity to make a valid Last Will and Testament. ***[Note: If the Testator presently has a disability of sight, hearing or speech, edit this section appropriately [delete this note before printing]].***

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

The within Last Will & Testament 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 & ADDRESSES**

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

Signature of **Witness 1** Signature of **Witness 2**

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Printed Name of **Witness 1** Printed Name of **Witness 2**

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Street Address Street Address

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City State Zip Code City State Zip Code

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| Severally sworn to before me on this  \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Notary Public** | Severally sworn to before me on this  \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Notary Public** |  |
|  |  |  |

[Note: The notary public stamp and signature must be on the same page as the witness signatures when affidavit is signed]