SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

PROBATE PROCEEDING, WILL OF

a/k/a

_____ Deceased.

APPLICATION TO DISPENSE WITH TESTIMONY OF ATTESTING WITNESS (SCPA 1405)

File No. _____

STATE OF _____
COUNTY OF _____ } ss.:

_____, being duly sworn, deposes and says:
The testimony of _____,an attesting witness to the Will/Codicil of the above-named decedent, dated _____, offered for probate, cannot be obtained because of

- ☐ death
- ☐ absence
- ☐ disability
- ☐ inability to locate

Explanation:

WHEREFORE it is respectfully requested, pursuant to SCPA 1405, that the testimony of said witness be dispensed with.

_____
Signature

_____
Print Name

Sworn to before me this

_____ day of _____

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Sample

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SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

PROBATE PROCEEDING, WILL OF

a/k/a

_____ Deceased.

ORDER DISPENSING WITH TESTIMONY OF ATTESTING WITNESS

Upon reading and filing the foregoing affidavit which states why the attesting witness therein named is unable to appear in this Court, it is

ORDERED that the testimony of _____, as an attesting witness to the instrument offered for probate herein, is hereby dispensed with in this probate proceeding.

Dated: _____

HON. _____
Surrogate

Sample

Sample

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