



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

ADMINISTRATION PROCEEDING, ESTATE OF

a/k/a

AFFIDAVIT OF REGULARITY

Deceased.

File No. _____

STATE OF _____
COUNTY OF _____

ss.:

_____, being duly sworn, deposes and says:

1. That he/she is the attorney for _____,
the _____ herein.

2. That all parties to this proceeding have been duly cited or have waived the issuance and service of a citation herein and consented to the entry of a decree or order in the following manner and form:

(a) By service of a copy of the citation issued herein upon the following persons in the manner prescribed by SCPA 307(1), as more fully appears by the proof of service thereof, made in the manner and form by law and filed on _____.

Name _____

Address: Street and Number _____

City, Village or Town _____ State _____ ZIP Code _____ Country _____

Date of Service _____ Age (if infant) _____

Disability (if any) _____

Name _____

Address: Street and Number _____

City, Village or Town _____ State _____ ZIP Code _____ Country _____

Date of Service _____ Age (if infant) _____

Disability (if any) _____

2. (b) By service pursuant to an order made herein on _____, under SCPA 307(2), as more fully appears by the proof of service thereof, made in the manner prescribed by law and filed herein on _____.

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
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Date of Service	Age (if infant)
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Disability (if any)

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
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Date of Service	Age (if infant)
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Disability (if any)

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
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Date of Service	Age (if infant)
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Disability (if any)

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
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Date of Service	Age (if infant)
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Disability (if any)

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
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Date of Service	Age (if infant)
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Disability (if any)

2. (c) By duly executed waivers of the issuance and service of the citation herein and a consent to the entry of a decree or order and filed herein on _____, by :

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
Date of Service		Age (if infant)	
Disability (if any)			

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
Date of Service		Age (if infant)	
Disability (if any)			

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
Date of Service		Age (if infant)	
Disability (if any)			

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
Date of Service		Age (if infant)	
Disability (if any)			

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
Date of Service		Age (if infant)	
Disability (if any)			

Name

Address: Street and Number

City, Village or Town	State	ZIP Code	Country
Date of Service		Age (if infant)	
Disability (if any)			

3. That no notice of appearance has been filed herein, except by _____

4. That all of the persons named above are of full age and are of sound mind, excepting those hereinbefore stated to be otherwise, and comprise all the parties, as deponent verily believes, who have any interest in this proceeding.

Signature

Print Name

Sworn to before me this

_____ day of _____

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

Print Name of Attorney

Firm

Tel. No.

Address