SURROGATE'S COURT OF THE STA			
PROBATE PROCEEDING, WILL OF			
a/k/a			AFFIDAVIT OF COMPARISON
	Deceased.	File No.	
STATE OF COUNTY OF	ss.:		
I/We			
(and)	<u></u>		
being duly sworn, say(s), that I/we hav			
herein to which this affidavit is annexed			, (and the ), about to be
original Codicils dated filed for probate, and that the same is i the whole thereof.	in all respects a true ar	nd correct co	opy of said original Will/Codicil and of
	S	ignature	
	P	rint Name	
	<del>s</del>	ignature	
	P	rint Name	
Sworn to before me on			
day of			

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