

SURROGATE'S COURT: BROOME COUNTY
STATE OF NEW YORK

In the Matter of the Guardianship for

AFFIDAVIT

File No.

Ward.

STATE OF NEW YORK: SS:
COUNTY OF BROOME:

_____, being sworn, deposes and says as follows:

1. I am petitioning for appointment as fiduciary in the above named guardianship and this affidavit is made to confirm my eligibility to receive Letters pursuant to Surrogate's Court Procedure Act §707.
2. I am 18 years of age or older.
3. I have not been judicially declared incompetent to manage my affairs.
4. I am not a non-domiciliary alien.
5. _____ I have never been convicted of a felony; or
_____ I have been convicted of a felony and attached is my Certificate of Relief from Disabilities.
6. I do possess the qualifications required of a fiduciary and am not ineligible because of substance abuse, dishonesty, improvidence, want or understanding.
7. I can read and write the English language.

(signature)

(print name)

Sworn to before me this _____
day of _____, 20____.

Notary Public