STATE OF NEW YORK
SURROGATE'S COURT COUNTY OF CHENANGO

Proceeding for _____

ESTATE OF

_____
Deceased

AFFIDAVIT FOR SERVICE OF PROCESS BY MAIL SCPA 307(2)

STATE OF NEW YORK
ss:
COUNTY OF CHENANGO

_____, being duly sworn says:

1. I am over 18 years of age.

2. On _____ I sent to the persons named below a true copy of the process
(date)

issued in the above proceeding by: (Check appropriate boxes)

- ☐ **Certified Mail, Return Receipt Requested**
- ☐ **Registered Mail, Return Receipt Requested**
- ☐ **Special Mail Service by:**
  - ☐ **Federal Express**
  - ☐ **Airborne**
  - ☐ **DHL**
  - ☐ **United Parcel Service**
  - ☐ **U.S. Postal Service Express Mail**

3. Enclosed with the process was one of the following **(Delete Lines Not Applicable)**

PROBATE: A copy of the will being offered for probate

ACCOUNTING: A copy of the summary statement of the account

OTHER PROCEEDINGS: _____
(specify documents if any)

NAME	**ADDRESS**

(If necessary, add additional names and addresses on reverse side)

Sworn to before me on

_____, 20__ _____

_____
(Notary Public)