

SURROGATE’S COURT: DELAWARE COUNTY  
STATE OF NEW YORK

\_\_\_\_\_  
In the Matter of

AFFIDAVIT

FILE No.

Deceased.

\_\_\_\_\_  
STATE OF NEW YORK: ss:  
COUNTY OF DELAWARE:

\_\_\_\_\_, being sworn, deposes and says as follows:

1. I am petitioning for appointment as fiduciary in the above-named estate 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