



SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

ADMINISTRATION PROCEEDING, ESTATE OF

a/k/a

Deceased.

**AFFIDAVIT OF REGULARITY**

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

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)

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

SAMPLE