



SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

PROBATE PROCEEDING, WILL OF

a/k/a

Deceased.

**APPLICATION TO DISPENSE WITH
TESTIMONY OF ATTESTING WITNESS
(SCPA 1405)**

File No. _____

STATE OF _____
COUNTY OF _____

ss.:

being duly sworn, deposes and says:

The testimony of _____, an
attesting witness to the Will/Codicil of the above-named decedent, dated _____,
offered for probate, cannot be obtained because of

- death
- absence
- disability
- inability to locate

Explanation:

WHEREFORE it is respectfully requested, pursuant to SCPA 1405, that the testimony of said witness
be dispensed with.

Signature

Print Name

Sworn to before me this

_____ day of _____

Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)