



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

PROBATE PROCEEDING, WILL OF

a/k/a

**ATTORNEY'S CERTIFICATION  
IN PROBATE PROCEEDING**

Deceased.

File No. \_\_\_\_\_

The undersigned attorney hereby certifies pursuant to Sections 207.4 (a) and (b) of the Uniform Rules for Surrogate's Court, that the typeface utilized complies with subsection (a) of the aforesaid rule and the text used in the foregoing forms is the same contained in the official forms and that the substantive text has not been altered.

Signature of Attorney

Print Name of Attorney

Firm

Telephone

Address

SAMPLE