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| SURROGATE’S COURT OF THE STATE OF NEW YORKCOUNTY OF |
| -------------------------------------------------------------------------------- | X |  |
| Administration Proceeding, **Estate of ,****a/k/a** Deceased. |  | **AFFIDAVIT**File No.  |
| -------------------------------------------------------------------------------- | X |  |

TO THE SURROGATE’S COURT OF THE COUNTY OF NEW YORK:

STATE OF NEW YORK )

 ) ss.:

COUNTY OF )

 , being duly sworn, deposes and states that the following is true:

1. I am the petitioner in the within proceeding.
2. Upon information and belief, the above referenced decedent’s death was caused by the Covid-19 virus.

 [Insert Petitioner’s Name]

Signed and sworn to before me

this day of , 2020

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Notary Public