|  |  |  |
| --- | --- | --- |
| SURROGATE’S COURT OF THE STATE OF NEW YORK  COUNTY 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public