

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

a/k/a

Deceased.

ATTORNEY'S CERTIFICATION
(22 NYCRR 207.4 (a) & (b))

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 : _____

Firm Name : _____ Tel. No. : _____

Address of Attorney: _____