

STATE OF NEW YORK
COUNTY OF _____ ss:
(County where notarized)

AFFIDAVIT OF SERVICE
BY MAIL

Index No. _____

I, _____, being duly sworn says, I am over 18
(Insert name of person who mails papers)

years of age and not a party to this action.

On _____, 20____, I mailed a true copy of the attached papers,
(Insert date papers mailed)
enclosed and properly sealed in a postpaid envelope, which I deposited in an official
depository under the exclusive care and custody of the United State Postal Services
within the State of New York addressed to:

(Name of person)

(Street address)

(City/Town/Village; State; Zip code)

(Sign your name in the presence of a Notary Public)

(Print your name)

Sworn to before me this
_____ day of _____, 20____.

Notary Public