

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: \_\_\_\_\_