

1. Type or print in black ink. File in **duplicate**.
2. Use Second Sheet, PC-180, for additional data.

| | | | |
|--|--|---|-----------|
| TO: COURT OF PROBATE, DISTRICT OF | | DISTRICT NO. | RECORDED: |
| ESTATE OF <i>(Include all names and initials under which any asset was held)</i> | | DATE OF DEATH | |
| DECEDENT'S RESIDENCE AT TIME OF DEATH <i>(Include full address)</i> | | SOCIAL SECURITY NO. | |
| PETITIONER <i>(Name, address, and zip code)</i> | | SURVIVING SPOUSE <i>(Name, address and zip code. If no surviving spouse, so state.)</i> | |

JURISDICTION APPERTAINS TO THIS COURT BASED ON THE FOLLOWING: (C.G.S. § 45a-287)

- The decedent last resided in this district.
- The decedent has real or tangible personal property located in this district.
- The decedent has maintained bank accounts or evidence of other intangible property in this district.
- An executor or trustee named in the will resides in this district, or, in the case of a bank or trust company, has an office in this district.
- A cause of action in favor of the decedent arose in this district, or a debtor of the decedent resides or has an office in this district.

HEIRS, NEXT OF KIN, BENEFICIARIES and TRUSTEES, if any. *(Give names, addresses, zip codes, and relationships. If heir, indicate ancestor through whom heir takes. If beneficiary, indicate paragraph of will where interest is stated or may arise. For all minors listed, give date of birth. Indicate any person who is under legal disability or in the military service.)* C.G.S. §§ 45a-436, 438, 439.

THE PETITIONER REPRESENTS that:
No other application for ancillary probate has been filed in the State of Connecticut.

Decedent, or spouse or children of the decedent, *did* *did not* ever receive aid or care from the State of Connecticut. *(If affirmative, check appropriate box(es).)* State of Connecticut (D.A.S.) Department of Veterans' Affairs, C.G.S. §45a-394.

THE PETITIONER HEREWITH PRESENTS to the court the duly authenticated and exemplified copy of the Last Will and Testament and codicils, if any, of the decedent dated _____ and the record of the proceedings proving and establishing the same by a court of competent jurisdiction and REPRESENTS that the time for taking an appeal therefrom *has* *has not* expired, and no appeals are presently pending. Attached hereto is a complete statement of the property and estate of the decedent in Connecticut. C.G.S. § 45a-288.

WHEREFORE THE PETITIONER REQUESTS this court to order that said copies be filed and recorded and that letters ancillary testamentary be issued to the fiduciary named below.

The representations contained herein are made under the penalties of false statement.

| | |
|------|------------------------|
| DATE | PETITIONER'S SIGNATURE |
|------|------------------------|

| PROPOSED FIDUCIARY | | | |
|--|---------------|--|---------------|
| IF APPOINTED, I WILL ACCEPT SAID POSITION OF TRUST. | | | |
| SIGNATURE | | SIGNATURE | |
| TYPE OR PRINT NAME | | TYPE OR PRINT NAME | |
| ADDRESS AND ZIP CODE | | ADDRESS AND ZIP CODE | |
| Is Fiduciary a resident of the State of Connecticut? <input type="checkbox"/> YES <input type="checkbox"/> NO | TELEPHONE NO. | Is Fiduciary a resident of the State of Connecticut? <input type="checkbox"/> YES <input type="checkbox"/> NO | TELEPHONE NO. |
| ATTORNEY FOR PROPOSED FIDUCIARY <i>(Name, address, zip code, telephone number, Conn. Bar Juris No.)</i> | | | |

Each of the undersigned represents that he or she has examined the application and related documents and hereby **WAIVES NOTICE OF HEARING** upon said application and has **NO OBJECTION** to the granting and approval thereof. *(If space insufficient, use General Waiver, PC-181. Please also type or print name.)*