

# The State of New Hampshire

\_\_\_\_\_ COUNTY

PROBATE COURT

IN RE: \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

## RETURN OF NOTICE TO LEGATEES

1. Fiduciary Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Fiduciary Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

2. Deceased Name \_\_\_\_\_ Date of Death \_\_\_\_\_  
Residence (city or town) \_\_\_\_\_

3. Attorney for Fiduciary(ies) \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

4. The following were notified within 60 days of the appointment of the fiduciary(ies):  
Surviving Spouse: \_\_\_\_\_

LEGATEES

HEIRS AT LAW

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

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

5. I/We, further certify that the notice was given as follows:

If to an individual:  By delivery in person

By mail, postage prepaid, to the last known place of residence

If to a corporation, association or institution:

By delivery in person to  president  treasurer

By mail, postage prepaid, addressed to  president  treasurer at the last known place of business

Date: \_\_\_\_\_

\_\_\_\_\_  
Fiduciary or Attorney Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Fiduciary or Attorney Signature

**THIS FORM MUST BE FILED IN THE PROBATE COURT WITHIN 90 DAYS OF APPOINTMENT.**