

# The State of New Hampshire

\_\_\_\_ COUNTY

PROBATE COURT

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

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

## MOTION FOR COMMISSIONER OF INSOLVENCY

1. Fiduciary Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Fiduciary Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_
2. Attorney Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_
3. Based on the following statement of debts and assets, the fiduciary believes it is in the best interest of all parties to administer the estate as insolvent.

### STATEMENT OF DEBTS AND ASSETS

#### DEBTS

- A. Debts against the estate, per schedule attached \$ \_\_\_\_\_  
B. Funeral expenses \$ \_\_\_\_\_  
C. Allowance to widow \$ \_\_\_\_\_  
D. Estimated expenses of administration \$ \_\_\_\_\_

<b>TOTAL ESTATE DEBTS</b>	<b>\$</b> _____
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#### ASSETS

- A. Real and personal property per inventory \$ \_\_\_\_\_  
B. Income earned from all sources \$ \_\_\_\_\_  
C. Personal property not appraised \$ \_\_\_\_\_

<b>TOTAL ESTATE ASSETS</b>	<b>\$</b> _____
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<b>TOTAL DEFICIT</b>	<b>\$</b> _____
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I request that this estate be ordered to be administered as insolvent and that \_\_\_\_\_ whose mailing address is \_\_\_\_\_ be appointed commissioner of the estate.

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

\_\_\_\_\_  
Fiduciary Signature

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

\_\_\_\_\_  
Fiduciary Signature

A CERTIFICATION PURSUANT TO PROBATE COURT RULE 3 MUST BE FILED WITH THIS MOTION.

**ORDER**

G Motion is granted. Warrant to issue.

G Motion is denied.

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

\_\_\_\_\_  
Judge