

For Office Use Only

(Filing Fee Paid \$ _____)
(_____ Certs: \$ _____)
(\$ _____ Bond, Fee: \$ _____)
(Receipt No: _____ No: _____)

DO NOT LEAVE ANY ITEMS BLANK

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

ADMINISTRATION PROCEEDING,
Estate of

a/k/a

Deceased.
-----X

TO THE SURROGATE'S COURT, County of _____

PETITION FOR LETTERS OF:

- Administration
- Limited Administration
- Administration with Limitations
- Temporary Administration

File No. _____
:

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Name: _____

Domicile: _____
(Street Address) (City/Town/Village)

(County) (State) (Zip) (Telephone Number)

Mailing address is: _____
(if different from domicile)

Citizenship (check one): U.S.A. Other (specify) _____

Interest of Petitioner (check one):

Distributee of decedent (state relationship) _____

Other (specify) _____

Is proposed Administrator an attorney? Yes No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows: **[The Death Certificate must be filed with this proceeding.** If the decedent's domicile is different from that shown on the death certificate, check box and attach an affidavit explaining the reason for this inconsistency.]

Name: _____

Domicile: _____
(Street Number) (City, Village/Town)

(State) (Zip Code)
Township of: _____ County of: _____

Date of Death: _____ Place of Death: _____

Citizenship: (check one): U.S.A. Other (specify) _____

[Note: For Items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3.(a) The estimated gross value of the decedent's personal property passing by intestacy is less than \$_____.

(b) The estimated gross value of the decedent's real property, in this state, which is [] improved, [] unimproved, passing by intestacy is less than \$_____.

A brief description of each parcel is as follows:

(c) The estimated gross rent for a period of eighteen (18) months is the sum of \$_____.

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: **[Write "NONE" or state briefly the cause of action and the person against whom it exists, including names and carrier].**

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here [] and furnish names(s) and address(es) of parent(s) in Paragraph 7. See EPTL 5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) (has) (have) been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2:

- a. [] Spouse (husband/wife).
- b. [] Child or children or descendants of predeceased child or children. **[Must include marital, nonmarital, and adopted].**
- c. [] Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. [] Mother/Father.
- e. [] Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. [] Grandmother/Grandfather.
- g. [] Aunts or uncles, and children of predeceased aunts and uncles (first cousins).
- h. [] First cousins once removed (children of first cousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].

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7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office addresses and citizenship are as follows:

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death, and relationship of the ancestor to the decedent. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.16(b).

If any person listed in paragraph (7) is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].

7a. The following are of full age and under no disability: [If nonmarital or adopted-out person, so indicate by attaching Schedule A and/or B]

Name	Relationship	Domicile and Mailing Address	Citizenship
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7b. The following are infants and/or persons under disability: [Attach applicable Schedule A, B, C and/or D]

Name	Relationship	Domicile and Mailing Address	Citizenship
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8. There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

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9. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested]

() a. process issue to all necessary parties to show cause why letters should not be issued as requested;

COMBINED VERIFICATION, OATH AND DESIGNATION
[For use when petitioner is to be appointed administrator]

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of _____ County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: _____
(Street/Number) (City, Village/Town) (State) (Zip)

Signature of Petitioner

On the _____ day of _____, 19____, before me personally came

_____ to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel. No.: _____

Address of Attorney: _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X
PROCEEDING FOR
Estate of

a/k/a

SCHEDULE A
NONMARITAL PERSONS
(PERSONS BORN OUT OF WEDLOCK)

Deceased.

-----X
[NOTE: Nonmarital children (or their issue) who would be distributees if they (or their ancestors) were born in wedlock will not be regarded as distributees unless satisfactory proof is submitted establishing paternity]. See EPTL 4-1.2 which sets forth methods of establishing paternity.

Name of alleged distributee: _____

Date of birth: _____ Relationship to decedent: _____

Name of father: _____

Name of mother: _____

Does the birth certificate contain the father's name? Yes [] No []

If yes, attach copy of birth certificate.

Has an order of filiation establishing paternity been entered?

Yes [] No [] If yes, attach copy of order.

Did the nonmarital person live with his or her father? Yes [] No []

If yes, give dates and places of residence: _____

File # _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X
PROCEEDING FOR
Estate of

a/k/a

Deceased.

SCHEDULE B
ISSUE OF THE DECEDENT
WHO WERE THE SUBJECT
OF AN ADOPTION
-----X

Name of child: _____

Relationship to decedent prior to adoption: _____

Date of adoption: _____

Was this a step-parent adoption? (i.e., was the child adopted by the spouse of the decedent's former spouse?) Yes [] No []

If yes, name of adoptive father or mother: _____

If not a step-parent adoption, indicate below the biological relationship of the adoptive parent to the child:

- [] grandparent(s)
- [] brother or sister
- [] aunt or uncle
- [] first cousin
- [] nephew or niece

Name of the adoptive parent: _____

File # _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X
PROCEEDING FOR
Estate of

SCHEDULE C
INFANTS

a/k/a

Deceased.

-----X

[NOTE: Please furnish all of the information requested, otherwise the petition may be rejected.]

Name: _____ Date of birth: _____

Relationship to the decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of father: _____ Is he alive? _____

Does infant have a court-appointed guardian? Yes [] No []

If yes, name and address of guardian: _____

Name: _____ Date of birth: _____

Relationship to decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of father: _____ Is he alive? _____

Does infant have a court-appointed guardian? Yes [] No []

If yes, name and address of guardian: _____

File # _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X

PROCEEDING FOR
Estate of

a/k/a

SCHEDULE D
PERSONS UNDER DISABILITY
OTHER THAN INFANTS

Deceased.

-----X

[use additional sheets if more than one]

1. Name: _____ Relationship: _____

Residence: _____

With whom does this person reside? _____

If this person is in prison, name of prison: _____

Does this person have a court-appointed fiduciary? Yes [] No []

If yes, give name, title and address: _____

If no, describe nature of disability: _____

If no, give name and address of relative or friend interested in his or her welfare:

2. Whereabouts unknown/Unknowns [persons whose addresses or names are unknown to petitioner;
if known, give name and relationship to decedent]

Filing Fee Paid \$ _____
_____ Certs \$ _____
_____ Certs \$ _____
\$ _____ Bond, Fee: \$ _____
Receipt No: _____ No: _____

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF

-----X
PROBATE PROCEEDING, WILL OF

PETITION FOR PROBATE AND:

- Letters Testamentary
- Letters of Trusteeship
- Letters of Administration c.t.a.

a/k/a

Deceased.

-----X

File No. _____

To the Surrogate's Court, County of
It is respectfully alleged:

1.(a) The name, citizenship, domicile (or, in the case of a bank or trust company, its principal office) and interest in this proceeding of the petitioner are as follows:

Name: _____

Domicile or Principal Office: _____
(Street and Number)

(City, Village or Town) (State) (Zip Code)

Mailing Address: _____
(If different from domicile)

Citizen of: _____

Name: _____

Domicile or Principal Office: _____
(Street and Number)

(City, Village or Town) (State) (Zip Code)

Mailing Address: _____
(If different from domicile)

Citizen of: _____

Interest(s) of Petitioner(s): Executor(s) named in decedent's Will
[Check one] Other (Specify) _____

1.(b) The proposed Executor is is not an attorney.

[NOTE: An Executor-Attorney must comply with SCPA 2307-a.]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:

(a) Name: _____

(b) Date of death _____

(c) Place of death _____

(d) Domicile: Street _____

City, Town, Village _____

County _____ State _____

(e) Citizen of: _____

3. The Last Will, herewith presented, relates to both real and personal property and consists of an instrument or instruments dated as shown below and signed at the end thereof by the decedent and the following attesting witnesses:

(Date of Will) (Names of All Witnesses to Will)

(Date of Codicil) (Names of All Witnesses to Codicil)

(Date of Codicil) (Names of All Witnesses to Codicil)

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4. No other will or codicil of the decedent is on file in this Surrogate's Court, and upon information and belief, after a diligent search and inquiry, including a search of any safe deposit box, there exists no will, codicil or other testamentary instrument of the decedent later in date to any of the instruments mentioned in Paragraph 3 except as follows:

[Enter "NONE" or specify]

5. The decedent was survived by distributees classified as follows: [Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1 and 4-1.2. State the number of survivors in each class. Insert "NO" in all prior classes. Insert "X" in all subsequent classes].

- a. [] Spouse (husband/wife). [] Divorced [Attach copy of Divorce Decree]
- b. [] Child or children and/or issue of predeceased child or children.
[Must include marital, nonmarital, adopted, or adopted-out child under DRL Section 117]
- c. [] Mother/Father.
- d. [] Sisters and/or brothers, either of the whole or half blood, and issue of predeceased sisters and/or brothers (nieces/nephews, etc.)
- e. [] Grandparents. [Include maternal and paternal]
- f. [] Aunts and/or uncles, and children of predeceased aunts and/or uncles (first cousins). [Include maternal and paternal]
- g. [] First cousins once removed (children of predeceased first cousins).
[Include maternal and paternal]

6. The names, relationships, domicile and addresses of all distributees (under EPTL 4-1.1 and 4-1.2) of each person designated in the Will herewith presented as primary executor, of all persons adversely affected by the purported exercise by such Will of any power of appointment, of all persons adversely affected by any codicil and of all persons having an interest under any other will of the decedent on file in the Surrogate's Court, are hereinafter set forth in subdivisions (a) and (b).

[If the propounded will purports to revoke or modify an inter vivos trust or any other testamentary substitute, list the names, relationships, domicile and addresses of the trustee and beneficiaries affected by the will in subparagraphs (a) and (b) below. Submit trust agreement]

(a) All persons and parties so interested who are of full age and sound mind or which are corporations or associations, are as follows:

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
-----------------------	--------------------------------------	--

(b) All persons so interested who are **persons under disability**, are as follows:
[Furnish all information specified in NOTE following 7b]

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
--------------------------	---	--

7.(a) The names and domiciliary addresses of all substitute or successor executors and of all trustees, guardians, legatees, devisees, and other beneficiaries named in the Will and/or trustees and beneficiaries of any inter vivos trust designated in the propounded Will other than those named in Paragraph 6 herewith are as follows:

Name	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
------	---	--

(b) All such legatees, devisees and other beneficiaries who are persons under disability are as follows: [Furnish all information specified in NOTE below]

Name	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
------	---	--

[NOTE: In the case of each infant, state (a)name, birth date, relationship to decedent, domicile and residence address, and the person with whom he/she resides, (b)whether or not he/she has a court-appointed guardian (if not, so state), and whether or not his/her father and/or mother is living, and (c)the name and residence address of any court-appointed guardian and the information regarding such appointment. In the case of each other person under a disability, state (a)name, relationship to decedent, and residence address, (b)facts regarding his disability including whether or not a committee, conservator, guardian, or any other fiduciary has been appointed and whether or not he/she has been committed to any institution, and (c)the names and addresses of any committee, person or institution having care and custody of him/her, conservator, guardian, and any relative or friend having an interest in his/her welfare. In the case of a person confined as a prisoner, state place of incarceration and list any person having an interest in his/her welfare. In the case of unknowns, describe such person in the same language as will be used in the process.]

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8.(a) No beneficiary under the propounded will, listed in Paragraph 6 or 7 above, had a confidential relationship to the decedent, such as attorney, accountant, doctor, or clergyperson, except: [Enter "NONE" or indicate the nature of the confidential relationship].

8.(b) No persons, corporations or associations are interested in this proceeding other than those mentioned above.

9.(a) To the best of the knowledge of the undersigned, the approximate total value of all property constituting the decedent's gross testamentary estate is greater than \$_____ but less than \$_____.

Personal Property \$_____ Improved real property in New York State \$_____

Unimproved real property in New York State \$_____

Estimated gross rents for a period of 18 months \$_____

(b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the estate, except as follows: [Enter "NONE" or specify]

10. Upon information and belief, no other petition for the probate of any will of the decedent or for letters of administration of the decedent's estate has heretofore been filed in any court.

WHEREFORE your petitioner(s) pray(s) (a) that process be issued to all necessary parties to show cause why the Will and the Codicil(s) set forth in Paragraph 3 and presented herewith should not be admitted to probate; (b) that an order be granted directing the service of process, pursuant to the provisions of Article 3 of the S.C.P.A., upon the persons named in Paragraph (6) hereof whose names or whereabouts are unknown and cannot be ascertained, or who may be persons on whom service by personal delivery cannot be made; and (c) that such Will and Codicil(s) be admitted to probate as a Will of real and personal property and that letters issue thereon as follows: [Check and complete all relief requested.]

[] Letters Testamentary to _____

[] Letters of Trusteeship to _____ f/b/o _____

_____ f/b/o _____

_____ f/b/o _____

[] Letters of Administration c.t.a. to _____

and that petitioner(s) have such other relief as may be proper.

Dated: _____

1. _____
(Signature of Petitioner)

2. _____
(Signature of Petitioner)

(Print Name)

(Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

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COMBINED VERIFICATION, OATH AND DESIGNATION

[For use when petitioner is an individual]

STATE OF NEW YORK)
COUNTY OF) ss.:

The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF [] EXECUTOR [] ADMINISTRATOR c.t.a. [] TRUSTEE as indicated above: I am over eighteen (18) years of age and a citizen of the United States and I will well, faithfully and honestly discharge the duties of Fiduciary of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of _____ County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: _____
(Street Address) (City/Town/Village) (State) (Zip)

(Signature of Petitioner)

(Print Name)

On _____, 19_____, before me personally came

_____ to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel. No.: _____

Address of Attorney: _____

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COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION

[For use when a petitioner to be appointed is a bank or trust company]

STATE OF NEW YORK)
COUNTY OF) ss.:

I, the undersigned, a _____ of
(Title)

(Name of Bank or Trust Company)

a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. CONSENT: I consent to accept the appointment as [] Executor [] Administrator c.t.a. [] Trustee under the Last Will and Testament of the decedent described in the foregoing petition and consent to act as such fiduciary.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I designate the Chief Clerk of the Surrogate's Court of _____ County, and his/her successor in office, as a person on whom service of any process issuing from such Surrogate's Court may be made, in like manner and whenever one of its proper officers cannot be found and served within the State of New York after due diligence used.

(Name of Bank or Trust Company)

BY _____
(Signature)

(Print Name and Title)

On _____, 19____, before me personally came _____, to me known, who duly swore to the foregoing instrument and who did say that he/she resides at _____ and that he/she is a _____ of _____ the corporation/national banking association described in and which executed such instrument, and that he/she signed his/her name thereto by order of the Board of

Directors of the corporation.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney:_____

Print Name:_____

Firm Name:_____ Tel. No.:_____

Address of Attorney:_____