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

-----X

ANCILLARY ADMINISTRATION PROCEEDING,
ESTATE OF _____

**PETITION FOR ANCILLARY
LETTERS OF ADMINISTRATION
SCPA ARTICLE 16**

a/k/a _____

a domiciliary of the State of _____

[] Ancillary Letters of Administration

[] Ancillary Letters of
Administration d.b.n.

Deceased. _____

File No. _____

-----X

TO THE SURROGATE'S COURT, COUNTY OF _____

:

It is respectfully alleged:

1. 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(s) 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): [Check one]

[] Administrator [] Distributee of decedent [State relationship] _____

[] Creditor

[] Other [Specify] _____

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

(a) Name: _____

(b) Date of Death: _____

(c) Place of death: _____

(d) Domicile: Street _____

City, Town, Village _____

County _____ State _____

(e) Citizen of: _____

3. The decedent died **INTESTATE**, leaving no will.

On the _____, letters were issued to _____ by _____ Court, State of _____, being a competent court of the state of the domicile of decedent having jurisdiction thereof, and the amount of the security given on the original appointment was \$_____.

[If additional space is needed in Paragraphs 4, 5 and 6, attach addendum.]

4.(a) The estimated gross value of decedent's property in the State of New York, consisting of real property and personal property, is described and valued as follows: [list items and describe briefly, giving location. If space is insufficient, attach addendum].

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	\$_____
Total	\$_____

4.(b) No other 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]**

Exemplified copies of the decree and the letters issued, if any, are submitted as part of this petition.

5. The names, addresses and interests of all persons entitled to process [(a) New York State Department of Taxation and Finance, (b) all domiciliary creditors or domiciliaries claiming to be creditors, and (c) such other persons entitled to letters pursuant to SCPA §1607] are as follows:

Name	Address	Nature of Interest or Amount of Claim
<u>New York State Department of Taxation and Finance</u>	<u>Albany, New York</u>	_____
_____	_____	_____
_____	_____	_____

6. The name and address of each domiciliary distributee having an interest in the property in this state is as follows:

(a) Each distributee who is of full age and sound mind or which is a corporation or association:

Name	Address	Interest
_____	_____	_____
_____	_____	_____

(b) Each distributee who is an infant or otherwise under a disability: [State disability and see SCPA §304(3)]

Name	Address	Interest
_____	_____	_____
Disability: _____	_____	_____
_____	_____	_____
Disability: _____	_____	_____

7. There are no persons interested in this proceeding other than those hereinbefore mentioned. No previous application for ancillary administration with or without ancillary letters has been made, except _____

WHEREFORE, petitioner(s) pray(s) (a) that process issue to all necessary parties and (b) that ancillary letters issue thereon as follows:

[] Ancillary Letters of Administration to: _____

[] Ancillary Letters of Administration d.b.n. to: _____

(d) [State any other relief requested]

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)

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

-----X

ANCILLARY ADMINISTRATION PROCEEDING
ESTATE OF

**COMBINED VERIFICATION,
OATH AND DESIGNATION**

a/k/a

a domiciliary of the State of

File No. _____

Deceased.

-----X

STATE OF)
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 ANCILLARY [] Administrator [] Administrator d.b.n.: I am over eighteen (18) years of age and a citizen of the United States; I will well, faithfully and honestly discharge the duties of ancillary administrator/administrator d.b.n.. I am not ineligible to receive letters.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of _____ County, and his or 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 within the State of New York after due diligence used.

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

(Signature of Petitioner)

(Print Name)

On _____, 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 New York Attorney: _____

Print Name of New York Attorney: _____

Firm Name: _____ Tel. No.: _____

Address of New York Attorney: _____

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

-----X

ANCILLARY ADMINISTRATION PROCEEDING,
ESTATE OF

**COMBINED CORPORATE VERIFICATION,
CONSENT AND DESIGNATION**

a/k/a

a domiciliary of the State of

File No. _____

Deceased.

-----X

STATE OF)
COUNTY OF) ss:

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, 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. CONSENT: I consent to accept the appointment as [] Ancillary Administrator [] Ancillary Administrator d.b.n. of the decedent described in the foregoing petition and consent to act as such fiduciary.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of _____ County, and his or 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 within the State of New York after due diligence used.

(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

On _____, 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 the 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 New York Attorney: _____

Print Name of New York Attorney: _____

Firm Name: _____ Tel. No.: _____

Address of New York Attorney: _____

