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

-----X

ANCILLARY PROBATE PROCEEDING, WILL OF

**PETITION FOR ANCILLARY
PROBATE
SCPA ARTICLE 16**

a/k/a _____

a domiciliary of the State of _____

[] Ancillary Letters Testamentary

[] Ancillary Letters of Administration c.t.a.

[] Without Ancillary Letters

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]

[] Executor(s) named in decedent's will [] 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. Decedent left a will in writing dated _____ (and codicil dated _____), which was duly admitted to probate on _____ by the _____ Court, County of _____, State of _____, being a competent court of the state of the domicile of decedent having jurisdiction thereof, and the will/codicil is not subject to contest under the laws of that state.

On _____, letters were issued by the court to _____, and the amount of the security given on the original appointment was \$_____. Under the will/codicil a bond [] is [] is not dispensed with.

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

4.(a) The will/codicil upon ancillary probate may operate upon property in the State of New York consisting of real property and personal property 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 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]**

Exemplified copies of the will/codicil, the decree admitting the will/codicil to probate, 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 §1604] 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>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>

6. The name and address of each domiciliary beneficiary under the will/codicil having an interest in the property in this state is as follows:

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

Name	Address	Interest [Refer to Paragraph of Will]
_____	_____	_____
_____	_____	_____

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

Name	Address	Interest [Refer to Paragraph of Will]
_____	_____	_____
Disability: _____		
_____	_____	_____
Disability: _____		

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

WHEREFORE, petitioner(s) pray(s) (a) that process issue to all necessary parties (b) that the Will/Codicil be admitted to ancillary probate and (c) that ancillary letters issue thereon as follows:

- [] Ancillary Letters Testamentary to: _____
- [] Ancillary Letters of Administration c.t.a. to: _____
- [] No Ancillary Letters to be issued
- (d) [State any other relief requested]

Dated: _____

1. _____
 (Signature of Petitioner)

 (Print Name)

2. _____
 (Signature of Petitioner)

 (Print Name)

3. _____

(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

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

-----X
ANCILLARY PROBATE PROCEEDING, WILL 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 [] Executor [] Administrator c.t.a.: 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 executor/administrator c.t.a. under the will. 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: _____

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

-----X
ANCILLARY PROBATE PROCEEDING, WILL 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 Executor [] Ancillary Administrator c.t.a. under the will 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: _____

Print Name of New York Attorney: _____

Firm Name: _____ Tel. No.: _____

Address of New York Attorney: _____