

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

LETTERS OF ADMINISTRATION c.t.a.,
WILL OF

a/k/a

PETITION FOR
LETTERS OF ADMINISTRATION c.t.a.
AFTER PROBATE
SCPA 1418 and 1419

Deceased.

File No. _____

-----X

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(s) is/are as follows:

Name: _____

Domicile or Principal Office: _____
(Street and Number) (City, Village or Town)

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

Mailing Address: _____
(if different from domicile)

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

Domicile or Principal Office: _____
(Street and Number) (City, Village or Town)

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

Mailing Address: _____
(if different from domicile)

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

Interest(s) of Petitioner(s): [Check one]

[] Sole Beneficiary [] Residuary Beneficiary

[] Other [Specify] _____

1.(b) The proposed Administrator c.t.a. [] is [] is not an attorney.
[NOTE: An Administrator c.t.a.-Attorney must comply with Uniform Court Rule 207.16(e). (See also 207.52)]

2. The will of the above-named decedent was admitted to probate by the Surrogate's Court of _____ County on _____ and Letters Testamentary were issued to _____, who on _____, [] died [] resigned [] was removed.

3. The names and addresses of all persons and parties interested in this proceeding having a right to letters of administration c.t.a. (with the will annexed) prior or equal to the

petitioner under the provisions of SCPA §1418 and 1419, are as follows: [Furnish all information specified in NOTE below, if required]

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

4. The names and addresses of all persons and parties who are beneficiaries named in the will other than those named in paragraph 3 above are as follows: [Furnish all information specified in NOTE below, if required]

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

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

6. There are no outstanding debts or funeral expenses, except: [If "NONE" so state]

7. (a) To the best of the knowledge of the undersigned, property of the estate remains **unadministered** as follows:

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]

[NOTE: In the case of each infant, state (a) name, birth date, relationship to decedent, domicile and residence address, and the person with who 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 this 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.]

CTA-1 (7/98)

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

Letters of Administration c.t.a. to: _____

(c) [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)

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 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 the administrator c.t.a.. 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 Attorney: _____

Print Name: _____

Firm Name: _____ Tel. No.: _____

Address of Attorney: _____

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, 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 Administrator c.t.a. 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 the _____, _____, 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 Attorney: _____

Print Name: _____

Firm Name: _____ Tel. No.: _____

Address of Attorney: _____

THE PEOPLE OF THE STATE OF NEW YORK,
By the Grace of God Free and Independent

TO

A petition having been duly filed by _____, who is domiciled at _____

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, _____ County, at _____, New York, on _____, _____, at _____ o'clock in the _____ noon of that day, why a decree should not be made in the estate of _____

lately domiciled at _____

granting administration c.t.a. and directing that

Letters of Administration c.t.a. issue to: _____

(State any further relief requested)

HON.

Dated, Attested and Sealed,

Surrogate

(Seal)

Chief Clerk

Attorney for Petitioner

Telephone Number

Address of Attorney

[Note: This citation is served upon you as required by law. You are not required to appear. If you fail to appear it will be assumed you do not object to the relief requested. You have a right to have an attorney appear for you.]

CTA-2 (7/98)

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

-----X

LETTERS OF ADMINISTRATION c.t.a.
WILL OF

a/k/a

RENUNCIATION OF LETTERS OF
ADMINISTRATION c.t.a.,
WAIVER OF PROCESS AND
CONSENT TO DISPENSE WITH BOND

File No. _____

Deceased.

-----X
The undersigned, _____, a person interested in this estate as

- a beneficiary with equal or prior right to receive letters
- a beneficiary of the estate
- a creditor
- other (specify) _____

hereby personally appears in this proceeding in the Surrogate's Court of _____ County and

1. Renounces all rights to Letters of Administration c.t.a.
2. Waives the issuance and service of citation in the above entitled proceeding.
3. Consents that Letters of Administration c.t.a. be granted by the Court to _____ or any other person or persons entitled thereto without any notice whatsoever to the undersigned.

4. Consents to dispense with bond of the Administrator c.t.a., and if such consent be filed by some but not all of the persons interested in the estate, specifically releases any claim under any bond that may be required of such Administrator c.t.a.

Date	Signature	Street Address	Relationship
	Print Name	Town/State/Zip	

STATE OF NEW YORK
COUNTY OF _____ ss.:

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)

Name of Attorney: _____ Tel. No.: _____

Address of Attorney: _____