

Filing Fee Paid \$ _____
_____ Certs \$ _____
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STATE OF NEW YORK \$ _____ Bond, Fee: \$ _____
SURROGATE'S COURT: COUNTY OF _____ Receipt No: _____ No: _____

-----X
PROBATE PROCEEDING, WILL OF

PETITION FOR PROBATE AND:

a/k/a [] Letters Testamentary
[] Letters of Trusteeship
[] Letters of Administration c.t.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)

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).

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
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(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
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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
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(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
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[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.]

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. _____ 2. _____
(Signature of Petitioner) (Signature of Petitioner)

(Print Name) (Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

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: _____

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: _____