



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

Filing Fee Paid \$ \_\_\_\_\_  
 Certificates Paid \$ \_\_\_\_\_  
 Trustee Certs. Paid \$ \_\_\_\_\_  
 Prelim. Certs. Paid \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ Bond, Fee: \$ \_\_\_\_\_  
 Receipt No.: \_\_\_\_\_ No.: \_\_\_\_\_

ADMINISTRATION PROCEEDING, ESTATE OF

a/k/a

**PETITION FOR LETTERS OF:**

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

Deceased.

File No. \_\_\_\_\_

TO THE SURROGATE'S COURT, COUNTY OF \_\_\_\_\_

It is respectfully alleged:

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

**Petitioner Information:**

Name	Citizenship
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Domicile Address: Street and Number

City, Village or Town	State	ZIP Code	Country
County	Telephone		

Mailing Address: Street and Number *(If different from domicile)*

City, Village or Town	State	ZIP Code	Country
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Interest: *(Check One)*  Distributee  Other

Name	Citizenship
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Domicile Address: Street and Number

City, Village or Town	State	ZIP Code	Country
County	Telephone		

Mailing Address: Street and Number *(If different from domicile)*

City, Village or Town	State	ZIP Code	Country
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Interest: *(Check One)*  Distributee  Other

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:

**Decedent Information:**

Name		Citizen of <b>United States</b>	
Domicile Address: Street and Number			
City, Village or Town	State/Province <b>New York</b>	ZIP Code	Country <b>United States</b>
County	Date of Death	Place of Death	

**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.

3. The estimated gross value of: *[Do not include any assets that are jointly held in trust for another, or have a named beneficiary.]*

(a) The decedent's personal property passing by intestacy is less than		\$
(b) The decedent's real property, in this state, which is		
Improved, passing by intestacy, is less than	\$	
Description of each parcel:		
Unimproved, passing by intestacy, is less than	\$	
Description of each parcel:		
		\$
(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: *[Briefly state the cause of action and the person against whom it exists, including names and carrier.]*  None

(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 name(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: *[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 %+in all subsequent classes.]*

- 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 or uncles (first cousins).
- h.  First cousins once removed (children of first cousins).

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: *[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. See Uniform Rules 207.16(b). If person is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If person was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B.]*

7. (a) The following are of full age and under no disability:

- Schedule A - Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- Schedule B - Issue of the Decedent Who Were the Subject of an Adoption is Attached

Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			

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7. (b) The following are infants and/or other persons under disability:

- Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- Schedule B — Issue of the Decedent Who Were the Subject of an Adoption is Attached
- Schedule C — Infants is Attached
- Schedule D — Persons Under Disability Other than Infants is Attached

Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
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City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			

8. There are no outstanding debts or funeral expenses, except:  None

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

WHEREFORE, your petitioner respectfully prays that:

- a. Process issue to all necessary parties to show cause why letters should not be issued as requested;
- b. An order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are nondomiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- c. A decree award Letters of:
- Administration to \_\_\_\_\_
  - Limited Administration to \_\_\_\_\_
  - Administration with Limitation to \_\_\_\_\_
  - Temporary Administration to \_\_\_\_\_
- or other such person or persons having prior right as may be entitled thereto, and;
- d. That the authority of the representative under the foregoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.
- e. That the authority of the representative under the foregoing Letters be limited as follows:
- f. Further relief sought (if any):

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Corporate Petitioner

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name

**COMBINED VERIFICATION, OATH AND DESIGNATION**

*For use when petitioner is to be appointed administrator*

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.:

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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name

On \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

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

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Print Name of Attorney

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

**COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION**

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

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 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 of the decedent described in the forgoing 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 Bank or Trust Company

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

On \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of the individual acted, executed the instrument.

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

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Print Name of Attorney

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address