



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

PROBATE PROCEEDING, WILL OF

a/k/a

**AFFIDAVIT OF NO DEBT**  
(For use with Letters of Administration c.t.a.)

Deceased.

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

ss.:

being duly sworn, deposes and says that he/she resides at

County of \_\_\_\_\_, State of \_\_\_\_\_; that he/she is the person seeking appointment as administrator c.t.a. in the above entitled proceeding; that the value of all personal property receivable by the fiduciary of the estate of the above-named decedent **plus** estimated gross rents receivable by said fiduciary for 18 months will not exceed the sum of \$ \_\_\_\_\_; that deponent has made a diligent search to ascertain whether or not there are any debts or claims against the estate of said decedent and that there are no claims, including unpaid funeral and medical bills, **except as follows:**  None

Name	Nature of Claim	Amount
Address		
Name <th>Nature of Claim</th> <th>Amount</th>	Nature of Claim	Amount
Address		
Name <th>Nature of Claim</th> <th>Amount</th>	Nature of Claim	Amount
Address		
Name <th>Nature of Claim</th> <th>Amount</th>	Nature of Claim	Amount
Address		
Name <th>Nature of Claim</th> <th>Amount</th>	Nature of Claim	Amount
Address		
Name <th>Nature of Claim</th> <th>Amount</th>	Nature of Claim	Amount
Address		

Signature

Print Name

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

Print Name of Attorney

Firm

Telephone

Address

Sample

Sample