

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 _____

LETTERS OF ADMINISTRATION d.b.n. _____ X
ESTATE OF _____

a/k/a _____

Deceased. _____ X

PETITION FOR
LETTERS OF ADMINISTRATION d.b.n.

- SCPA 1007
- Letters of Administration d.b.n.
- Letters of Administration d.b.n. with
Limitations
- Limited Letters of Administration d.b.n.

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 blank 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: _____

(Street and Number) _____ (City, Village or Town) _____

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

Domicile or Principal Office: _____

Mailing Address: _____

(If different from domicile)

Citizenship (Check one): U.S.A. Other (specify)

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

Distributee of decedent (state relationship) _____

Other [Specify] _____

1. (b) Is the proposed Administrator d.b.n. an attorney? Yes No

[NOTE: If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52]

2. Letters of Administration of the above-named decedent were issued by this court on _____, to _____, who on _____

died resigned was removed.

[Note: For paragraphs 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3. (a) The estimated gross value of **unadministered** personal property passing by intestacy is less than \$ _____.

(b) The estimated gross value of the decedent's unadministered real property, in this state, which is
[] improved [] unimproved, passing intestacy is less than \$ _____.

A brief description of each parcel is as follows:

(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) (a), 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: **(Write "NONE" or state briefly the cause of action and the person against who it exists, including names and carrier).**

(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 names (s) and address (es) of parent (s) in paragraph 5. See EPTL 5-4.4.

4. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2:

- a. [] Spouse (husband/wife). [] Divorced **[Attach copy of Divorce Decree]**
- b. [] Child or children or descendants of predeceased child or children, **[Must include marital, non-marital, and adopted].**
- c. [] Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. [] Mother/Father.
- e. [] Sisters and brothers, either of whole or half blood, and issue of predeceased sisters and brothers.
- f. [] Grandmother/Grandfather.
- g. [] Aunts or uncles, and children of predeceased aunts and uncles (first cousins).
- h. [] First cousins once removed (children of first cousins).

[Information is required only as to those classes of relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "**numbers**" of survivors in each class. Insert "**NO**" in all prior classes. Insert "**X**" in all subsequent classes].

5. 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:

[Note: 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. Use rider sheet if space in Paragraph (5) is not sufficient. See Uniform Rules 207.16 (b). If any person listed in paragraph (5) is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (5) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B.]

5a. The following are of full age and under no disability: [If nonmarital or adopted-out person, so indicate by attaching Schedule A and/or B. If any of the distributees have died subsequent to the death of the decedent, give the name and title of the legal representative appointed for such person (s), his or her address and the court that issued such letters. If any distributee who has died, subsequent to the death of the decedent, has no legal representative, then enter the name, relationship, domicile address and citizenship of that deceased person (s) distributee (s).]

Name	Relationship	Domicile and Mailing address	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5b. The following are infants and/or persons under disability: [Attach applicable Schedule A, B, C and/or D]

Name	Relationship	Domicile and Mailing address	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. There are no persons interested in this proceeding other than those herein mentioned.
7. There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

WHEREFORE, your petitioner (s) respectfully pray (s) that: [Check and complete all relief requested]

- () 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 5 who have a right to letters prior or equal to that of the person nominated, and who are non-domiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- () c. A decree award Letters of Administration d.b.n. to _____
or to such other person or persons having a 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 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. [State any other relief requested]. _____

Dated: _____

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

_____ (Print Name) _____ (Print Name)

3. _____ (Name of Corporate Petitioner)

_____ (Signature of Officer)

_____ (Print Name and Title of Officer)

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

LETTERS OF ADMINISTRATION d.b.n. _____ X
ESTATE OF _____

**SCHEDULE A
NONMARITAL PERSONS
(PERSONS BORN OUT OF WEDLOCK)**

a/k/a _____

File No. _____

Deceased.
_____ X

[NOTE: Nonmarital children (or their issue) who would be distributees if they (or their ancestors) were born in wedlock will not be regarded as distributees unless satisfactory proof is submitted establishing paternity]. See EPTL 4-1.2, which sets forth methods of establishing paternity.

Name of alleged distributee: _____

Date of birth: _____ Relationship to decedent: _____

Name of father: _____

Name of mother: _____

Does the birth certificate contain the father's name? Yes [] No []

If yes, attach a copy of birth certificate.

Has an order of filiation establishing paternity been entered?

Yes [] No [] If yes, attach a copy of order.

Did the nonmarital person live with his or her father? Yes [] No []

If yes, give dates and place of residence: _____

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

X

LETTERS OF ADMINISTRATION d.b.n.
ESTATE OF _____

**SCHEDULE B
ISSUE OF THE DECEDENT
WHO WERE THE SUBJECT OF AN ADOPTION**

a/k/a _____

File No: _____

Deceased.

X

Name of child: _____

Relationship to decedent prior to adoption: _____

Date of adoption: _____

Was this a ste-parent adoption? (i.e., was the child adopted by the spouse of the decedent's former spouse?)

Yes [] No []

If yes, name of adoptive father or mother: _____

If not a step-parent adoption, indicate below the biological relationship of the adoptive parent to the child:

[] grandparents (s)

[] brother or sister

[] aunt or uncle

[] first cousin

[] nephew or niece

Name of the adoptive parent _____

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

_____ X

LETTERS OF ADMINISTRATION d.b.n.

ESTATE OF _____

**SCHEDULE C
INFANTS**

File No. _____

a/k/a _____

Deceased.

_____ X

Name: _____ Date of birth: _____

Relationship to the decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of father: _____ Is he alive? _____

Does the infant have a court-appointed guardian? Yes [] No []

If yes, name and address of guardian: _____

Name: _____ Date of birth: _____

Relationship to the decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of father: _____ Is he alive? _____

Does the infant have a court-appointed guardian? Yes [] No []

If yes, name and address of guardian: _____

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

_____ X

LETTERS OF ADMINISTRATION d.b.n.

ESTATE OF _____

**SCHEDULE D
PERSONS UNDER DISABILITY
OTHER THAN INFANTS**

a/k/a _____

File No. _____

Deceased.

_____ X

[Use additional sheets if needed]

1. Name: _____ Relationship: _____

Residence: _____

With whom does this person reside? _____

If this person is in prison, name of prison: _____

Does this person have a court-appointed fiduciary? Yes [] No []

If yes, give name, title and address: _____

If no, describe nature of disability: _____

If no, give name and address of relative or friend interested in his or her welfare: _____

2. Whereabouts unknown/Unknowns [persons whose addresses or names are unknown to petitioner; if known, give name and relationship to decedent]: _____

COMBINED VERIFICATION, OATH & DESIGNATION

[For use when petitioner is to be appointed administrator d.b.n.]

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 d.b.n.: 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 d.b.n.. 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: _____

COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION

[For use when a petitioner to be appointed is a bank or 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, says:

1. VERIFICATION: I have read the foregoing petitioner 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 d.b.n. 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 sworn 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: _____

SURROGATE'S COURT - _____ COUNTY
CITATION

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 d.b.n. and directing that

- Letters of Administration d.b.n. issue to: _____
- Letters of Administration d.b.n. with Limitations issue to: _____
- Limited Letters of Administration d.b.n. 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.]

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

X

LETTERS OF ADMINISTRATION d.b.n.
ESTATE OF _____

WAIVER OF CITATION,
RENUNCIATION AND CONSENT
TO APPOINTMENT OF ADMINISTRATION d.b.n.
(INDIVIDUAL)

a/k/a _____

File No. _____

Deceased.

X

The undersigned, a distributee or creditor of the above-named decedent, and being of full age and sound mind, hereby voluntarily appears in the Surrogate's Court of _____ County, New York, and waives the issuance and service of citation in this matter, renounces all rights to Letters of Administration d.b.n. of the above captioned estate and consents that

- Letters of Administration d.b.n.
- Letters of Administration d.b.n. with Limitations
- Limited Letters of Administration d.b.n.

be issued to _____

or any other person or persons entitled thereto without any notice whatsoever to the undersigned, and consents

- that a bond be dispensed with and hereby specifically releases any claim the undersigned might have under any bond that may be filed.
- that a bond in the amount of \$ _____ be posted.

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 and 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: _____

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

X

LETTERS OF ADMINISTRATION d.b.n.
ESTATE OF _____

CONSENT TO APPOINTMENT OF
ADMINISTRATOR d.b.n.
(CORPORATION)

File No. _____

a/k/a _____

Deceased.

X

The undersigned corporation voluntarily appears in the Surrogate's Court of _____ County,
New York, and consents that

- Letters of Administration d.b.n.
- Letters of Administration d.b.n. with Limitations
- Limited Letters of Administration d.b.n.

be issued to _____

or any other person or persons entitled thereto without any notice whatsoever to the undersigned, and consents

- that a bond be dispensed with and hereby specifically releases any claim the undersigned might have under any bond that may be filed.
- that a bond in the amount of \$ _____ be posted.

_____ Date _____ Name of Corporation

By: _____
(Signature of Officer)

(Type Name and Title)

STATE OF NEW YORK
COUNTY OF _____ ss.:

On _____, _____, before me personally came

_____ to me known, who being duly sworn did say that: (s)he resides at _____ of _____ the corporation described in and which executed the foregoing consent; and that (s)he signed the same thereto by order of the board of directors of the above corporation.

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

Name of Attorney: _____ Tel. No.: _____

Address of Attorney: _____

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

X

LETTERS OF ADMINISTRATION d.b.n.
ESTATE OF _____

NOTICE OF APPLICATION FOR
LETTERS OF ADMINISTRATION d.b.n.
(SCPA 1005)

a/k/a _____

File No. _____

Deceased.

X

Notice is Hereby Given That:

1. An application for Letters of Administration d.b.n. upon the estate of the above-named decedent, has been made by _____, petitioner, whose post office address is: _____

2. Each and every name of the intestate decedent known to the undersigned is as indicated in the above caption.

3. Petitioner prays that a decree be made directing the issuance of Letters of Administration d.b.n. to _____

4. The name and post office address of each and every distributee of the above-named decedent, as set forth in the petition and known to the undersigned, are as follows:

(a). Distributees who have been duly cited, or have waived citation or have appeared in this proceeding:

Name of Distributee

Domicile and Post Office Address

(b). Other Distributees:

Name of Distributee

Domicile and Post Office Address

[IF MORE SPACE IS NEEDED ADD RIDER]

5. The undersigned does not know of any other distributees of the said decedent.

6. Letters of Administration d.b.n. will issue on or after _____, _____

Dated _____, _____

Signature of Petitioner or Attorney

Print Name

Address

Name of Attorney: _____ Tel. No.: _____

Address of Attorney: _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____ X
LETTERS OF ADMINISTRATION d.b.n.
ESTATE OF _____

AFFIDAVIT OF MAILING
NOTICE OF APPLICATION FOR
LETTERS OF ADMINISTRATION d.b.n.
(SCPA 1005)

File No. _____

a/k/a _____
Deceased. _____ X

STATE OF NEW YORK
COUNTY OF _____ ss.:

_____, residing at _____, New York, being duly
sworn, deposes and says that deponent is over the age of eighteen years; that on _____,
deponent mailed a copy of the foregoing Notice of Application for Letters of Administration d.b.n. , contained in a securely
closed postpaid wrapper, directed to each of the persons named in paragraph 4 (b), respectively, as follows:

- whose post office address is _____
- whose post office address is _____
- whose post office address is _____
- whose post office address is _____
- whose post office address is _____
- whose post office address is _____
- whose post office address is _____
- whose post office address is _____

by depositing the document in a letters box or other official depository under the exclusive care and custody of the United
States Post Office located at:

Signature

Sworn to before me this _____
day of _____,

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

ADM/DBN-6 (7/98)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
_____ X
LETTERS OF ADMINISTRATION d.b.n.
ESTATE OF _____

NOTICE TO THE CONSUL
GENERAL

File No. _____

a/k/a _____

Deceased. _____ X

TO THE CONSUL GENERAL OF _____
AT THE CITY OF NEW YORK

PLEASE TAKE NOTICE that a petition (will be) (has been) presented to the Surrogate's Court, County of _____, on _____, _____, with respect to the Estate of the above-named decedent, and it appears from the petition that:

- a. the deceased was a subject of _____ or
- b. the following distributees are nonresidents of the United States:

Names	Addresses	Citizenship
_____	_____	_____
_____	_____	_____

Attorney for Petitioner

Address

Telephone Number

STATE OF NEW YORK
COUNTY OF _____ ss.:

_____, being duly sworn, says:

That he/she resides at _____, New York; that on the _____, _____, he/she served a copy of the above

NOTICE on the Counsel General of _____ at _____, New York City, by mailing same to the office of the aforesaid Consul.

Sworn to before me this _____

day of _____, _____

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

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
LETTERS OF ADMINISTRATION d.b.n.
ESTATE OF _____

Note: File Proof of Service at least
3 days before return date. State
clearly date, time and place of
service and name of person served
(Uniform Rule 207.7 (c)).

AFFIDAVIT OF SERVICE
OF CITATION (Adult)

a/k/a _____
Deceased.
_____ X

File No. _____

STATE OF NEW YORK : COUNTY OF _____ ss.:

..... of
....., being duly sworn, says that I am over the age of eighteen years; that I made personal
service of the citation herein dated....., 20..... on each person named below,
each of whom deponent knew to be the person mentioned and described in said citation, by delivering to and leaving with
each of them personally a true copy of said citation, as follows:

On , description, viz: sex , color of skin
color of hair , approximate age , weight , height , at
..... o'clock.....m . on the..... day of , 20....., at

On , description, viz: sex , color of skin
color of hair , approximate age , weight , height , at
..... o'clock.....m . on the..... day of , 20....., at

On , description, viz: sex , color of skin
color of hair , approximate age , weight , height , at
..... o'clock.....m . on the..... day of , 20....., at

That none of the aforesaid persons is in the Military Service as defined by the Act of Congress known as the "Soldiers' and
"Sailors' Civil Relief Act of 1940" and in the New York "Soldiers' and Sailors' Civil Relief Act."

Sworn to before me this.....
day of , 20.....

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