





7. (a) The names and domiciliary 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 and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status

(b) All such legatees, devisees and other beneficiaries who are persons under disability are as follows:

[Furnish all information specified in NOTE below]

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

[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 clergyman, except: **[Enter "NONE" or indicate the nature of the confidential relationship]**.

(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) 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 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, pursuant to SCPA 707, 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 \_\_\_\_\_, 20 \_\_\_\_\_, 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.: \_\_\_\_\_

Email: \_\_\_\_\_

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 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. 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 \_\_\_\_\_, 20 \_\_\_\_\_, 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.: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

SURROGATE'S COURT OF THE STATE OF NEW YORK

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

— — — — — X

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

\_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_

Deceased.

— — — — — X

APPLICATION FOR  
PRELIMINARY LETTERS TESTAMENTARY  
(See SCPA 1412)

File # \_\_\_\_\_

1. The proposed preliminary executor (s) is/are \_\_\_\_\_  
\_\_\_\_\_ and is/are designated as executor (s) in the Will  
of the above named decedent dated \_\_\_\_\_  
(together with Codicil (s) dated \_\_\_\_\_ ) and duly filed with the court.

2. The person (s) who would have a right to letters testamentary pursuant to Section 1412.1 is/are:  
[Enter "NONE" or specify name and interest]

3. Preliminary letters are requested for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Probate is expected to be completed by: \_\_\_\_\_

5. A contest  is  is not expected.

6. The testamentary assets of decedent's estate are estimated as follows: [describe and state value;  
annex schedule if space is insufficient]

Personal Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Personal Property: \$ \_\_\_\_\_

Real Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Real Property: \$ \_\_\_\_\_

18 months rent, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total of 18 month's rent: \$ \_\_\_\_\_

7. The liabilities of this estate are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. By provision in the propounded will, the applicant(s) [is/are] [are not] required to file a bond or other security for the performance of his/her/their duties.

Your applicant (s) respectfully request the issuance to \_\_\_\_\_

of preliminary letters testamentary upon qualifying.

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

(Applicant)

(Applicant)

**OATH & DESIGNATION OF PRELIMINARY EXECUTOR**

STATE OF NEW YORK \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) ss.:

I, the undersigned, \_\_\_\_\_ being duly sworn say:

1. OATH OF PRELIMINARY EXECUTOR: I am over eighteen (18) years of age and a citizen of the United States; I am an executor named in the Will described in the foregoing petition and will well, faithfully and honestly discharge the duties of preliminary executor and duly account for all money or property which may come into my hands. I am not ineligible to receive letters.

2. 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 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 : \_\_\_\_\_

(Street Address)

(City/Town/Village) (State)

(Zip)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

On \_\_\_\_\_, 20 \_\_\_\_\_, 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.: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

**NOTE: Each Preliminary Executor must complete a combined Oath & Designation of Preliminary Executor.**



**CONSENT AND DESIGNATION OF CORPORATE PRELIMINARY EXECUTOR**

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, says:

1. CONSENT: I consent to accept the appointment as Preliminary Executor under the Last Will and Testament of the decedent described in this application and consent to act as such fiduciary.

2. 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 \_\_\_\_\_, 20\_\_\_\_\_, 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.: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_



SURROGATE'S COURT OF THE STATE OF NEW YORK

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

\_\_\_\_\_ X

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

\_\_\_\_\_ a/k/a \_\_\_\_\_

\_\_\_\_\_ Deceased.

\_\_\_\_\_ X

To the Surrogate's Court, County of \_\_\_\_\_

The undersigned, being of full age and sound mind, residing at the address written below and interested in this proceeding as set forth in paragraph 6a of the petition, hereby waives the issuance and service of citation, in this matter and consents that the court admit to probate the decedent's Last Will and Testament dated \_\_\_\_\_, 20 \_\_\_\_\_ (and codicils, if any, dated \_\_\_\_\_), a copy of each of which testamentary instrument had been received by me, and that

Letters Testamentary issue to \_\_\_\_\_

Letters of Trusteeship issue to \_\_\_\_\_ of the following trusts: \_\_\_\_\_

_____	_____
Dated	Signature
_____	_____
Street Address	Relationship
_____	_____
Print Name	Town/State/Zip
STATE OF NEW YORK _____ )	
COUNTY OF _____ )	ss.:
On _____, 20 _____,	before me personally appeared _____

to me known and known to me to be the person described in and who executed the foregoing waiver and consent and duly acknowledged the execution thereof.

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Stamp or Seal)

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

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

Firm Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

PROBATE CITATION \_\_\_\_\_ File No. \_\_\_\_\_

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 \_\_\_\_\_ 20\_\_\_\_\_

at \_\_\_\_\_ o'clock in the \_\_\_\_\_ noon of that day, why a decree should not be made in the estate of \_\_\_\_\_

lately domiciled at \_\_\_\_\_

admitting to probate a Will dated \_\_\_\_\_

(a Codicil dated \_\_\_\_\_ (a Codicil dated \_\_\_\_\_

a copy of which is attached, as the Will of \_\_\_\_\_

deceased, relating to real and personal property, and directing that

Letters Testamentary issue to \_\_\_\_\_

Letters of Trusteeship issue to \_\_\_\_\_

Letters of Administration c.t.a. issue to \_\_\_\_\_

(State any further relief requested)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated, Attested and Sealed

Hon. \_\_\_\_\_

Surrogate

\_\_\_\_\_, 20 \_\_\_\_\_

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

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

a/k/a \_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_ Deceased.

— — — — — X

NOTICE OF PROBATE  
(SCPA 1409)

File # \_\_\_\_\_

Notice is hereby given that:

1. The Will dated \_\_\_\_\_ (and Codicil dated \_\_\_\_\_)  
(and Codicil dated \_\_\_\_\_) of the above named decedent,  
domiciled at \_\_\_\_\_  
County of \_\_\_\_\_, New York, has been/will be offered for probate in the Surrogate's Court for  
the County of \_\_\_\_\_.

2. The name (s) of proponent (s) of said Will is/are \_\_\_\_\_  
\_\_\_\_\_ whose address(es) is/are \_\_\_\_\_  
\_\_\_\_\_

3. The name and post office address of each person named or referred to in the petition who has not been served or has not appeared, or waived service of process, with a statement whether such person is named or referred to in the will as legatee, devisee, trustee, guardian or substitute or successor executor, trustee or guardian, and as to any such person who is an infant or an incompetent, the name and post office address of a person upon whom service of process may be made on behalf of such infant or incompetent, is as follows:

NAME	MAILING ADDRESS	NATURE OF INTEREST OR STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(USE ADDITIONAL SHEETS IF NECESSARY)

Date \_\_\_\_\_, 20\_\_\_\_\_

**[Note: Complete Affidavit of Mailing. If serving infant 14 years of age or older, list and mail to infant as well as parent or guardian.]**

\_\_\_\_\_  
Name of Attorney Telephone Number

\_\_\_\_\_  
Address of Attorney P-6 (10/96)

AFFIDAVIT OF MAILING NOTICE OF PROBATE

STATE OF NEW YORK \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) ss.:

\_\_\_\_\_, residing at \_\_\_\_\_

being duly sworn, says that he/she is over the age of 18 years, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, he/she deposited in the post office box regularly maintained by the government of the United States in the \_\_\_\_\_ of \_\_\_\_\_, State of New York, a copy of the foregoing Notice of Probate contained in a securely closed postpaid wrapper directed to each of the persons named in said notice at the places set opposite their respective names.

Sworn to before me this

\_\_\_\_\_  
\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Stamp or Seal)

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

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

Firm Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

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

— — — — — X

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

\_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deceased.

— — — — — X

STATE OF NEW YORK \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ 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\_\_\_\_\_, and a copy of the Will/Codicil 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 and Will/Codicil, as follows:

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

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

\_\_\_\_\_ description: 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\_\_\_\_

Signature

Print Name

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Stamp or Seal)

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

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

Firm Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

SURROGATE'S COURT OF THE STATE OF NEW YORK

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

----- X

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

\_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deceased.

----- X

STATE OF NEW YORK \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

APPLICATION TO DISPENSE WITH  
TESTIMONY OF ATTESTING WITNESS  
(SCPA 1405)

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

ss.:

\_\_\_\_\_, being duly sworn, deposes and says:

The testimony of \_\_\_\_\_ an attesting witness to the  
Will/Codicil of the above-named decedent, dated \_\_\_\_\_, \_\_\_\_\_, offered for probate, cannot be  
obtained because of  death  absence  disability  inability to locate.

[Explain in detail and add additional affidavit if necessary]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wherefore it is respectfully requested, pursuant to SCPA 1405, that the testimony of said witness be dispensed with.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature

Print Name

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Stamp or Seal)



SURROGATE'S COURT OF THE STATE OF NEW YORK

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

\_\_\_\_\_ X

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

\_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deceased.

\_\_\_\_\_ X

ORDER DISPENSING  
WITH TESTIMONY OF  
ATTESTING WITNESS

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

Upon reading and filing the foregoing affidavit which states why the attesting witness therein named is unable to appear in this Court, it is

ORDERED that the testimony of \_\_\_\_\_,  
as an attesting witness to the instrument offered for probate herein, is hereby dispensed with in this probate proceeding.

Dated \_\_\_\_\_, 20 \_\_\_\_\_

Surrogate

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

\_\_\_\_\_- X

PROBATE PROCEEDING, \_\_\_\_\_  
WILL OF \_\_\_\_\_

AFFIDAVIT PROVING  
HANDWRITING

a/k/a \_\_\_\_\_

Deceased.

\_\_\_\_\_- X

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

STATE OF NEW YORK \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

ss.: \_\_\_\_\_, being duly sworn, deposes and says:

1. My address is: \_\_\_\_\_
2. I was well-acquainted with  the testator  an attesting witness to the testator's Will/Codicil.
3. I am familiar with the manner and style of the testator's/witness's handwriting, having often seen him/her write his/her signature and having seen his/her signature on documents I know to have been signed by him/her.
4. The signature subscribed at the end of the instrument in writing now produced and shown to me, purporting to be the testator's Last Will and Testament dated \_\_\_\_\_, \_\_\_\_\_, is the signature of and is the handwriting of \_\_\_\_\_.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signature \_\_\_\_\_

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

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

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

\_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Deceased.

— — — — — X

RENUNCIATION OF NOMINATED  
EXECUTOR and/or TRUSTEE

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

I, \_\_\_\_\_  
domiciled at (or, in the case of a bank or trust company, its principal office) \_\_\_\_\_,  
nominated as an executor and/or trustee in the (Will) (Codicil) of \_\_\_\_\_,  
dated \_\_\_\_\_, 20\_\_\_\_, late of \_\_\_\_\_ in the County of \_\_\_\_\_ New York.  
hereby renounce the appointment and all right and claim to letters testamentary and/or letters of trusteeship of and under  
the (Will) (Codicil) or to act as executor and/or trustee thereof.

I hereby waive the issuance and service of a citation in the above entitled matter, and consent that the Will dated  
(and Codicil dated \_\_\_\_\_, 20\_\_\_\_) (and Codicil dated \_\_\_\_\_, 20\_\_\_\_),  
a copy of which has been received by the undersigned, be forthwith admitted to probate. I hereby consent  
that Letters  Testamentary  of Administration c.t.a.  of Trusteeship issue to \_\_\_\_\_  
without the necessity of furnishing a bond. If a bond is furnished, I hereby waive and release all right to make any claim on  
the bond in any capacity whatsoever.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Name of Officer)

Date: \_\_\_\_\_

STATE OF NEW YORK \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

ss.:

On \_\_\_\_\_, 20\_\_\_\_, before me personally appeared **[INDIVIDUAL]**  \_\_\_\_\_  
to me known and known to me to be the person described in and who executed the foregoing renunciation and duly  
acknowledged the execution thereof. **[CORPORATION]**  \_\_\_\_\_ 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)

Name of Attorney: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

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

PROBATE PROCEEDING, \_\_\_\_\_  
WILL OF \_\_\_\_\_

a/k/a \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deceased.

\_\_\_\_\_  
\_\_\_\_\_ X

RENUNCIATION OF LETTERS OF  
ADMINISTRATION c.t.a. AND  
WAIVER OF PROCESS  
(SCPA 1418)

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

The undersigned, \_\_\_\_\_, a person  
interested in this estate, and in all respects eligible to receive letters, 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 and consents that the will  
dated \_\_\_\_\_, 20\_\_\_\_ a copy of which has been received by the undersigned, be admitted to probate.
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 the 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 by me under any bond that may be required of  
such Administrator c.t.a..

\_\_\_\_\_  
Dated  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Town/State/Zip

STATE OF NEW YORK \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

ss.:

On \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known and known to me to be the person described in and who executed the foregoing waiver and consent and  
duly acknowledged the execution thereof.

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

Name of Attorney: \_\_\_\_\_  
Address of Attorney: \_\_\_\_\_

Tel No.: \_\_\_\_\_

SURROGATE'S COURT OF THE STATE OF NEW YORK

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ X

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF \_\_\_\_\_

a/k/a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deceased.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ X

STATE OF NEW YORK \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

AFFIDAVIT OF NO DEBT

(For use with Letters of  
Administration c.t.a.)

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

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:

[If "none", write "NONE"] \_\_\_\_\_

NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

NATURE OF CLAIM \_\_\_\_\_

NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

NATURE OF CLAIM \_\_\_\_\_

NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

NATURE OF CLAIM \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature

Print Name

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  
PROBATE PROCEEDING, \_\_\_\_\_  
WILL OF \_\_\_\_\_

(Note: Attach a copy of the Will/Codicil  
to this Affidavit of Comparison executed  
by any two persons; if a photocopy  
of the Will is used, only one person  
need make the affidavit.)

a/k/a \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFFIDAVIT OF COMPARISON

Deceased.

\_\_\_\_ \_ X

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

STATE OF NEW YORK \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

ss.:

I/We \_\_\_\_\_ (and) \_\_\_\_\_

being duly sworn, say(s), that (he/she has) (we have) carefully compared the copy of decedent's Will/Codicil propounded  
herein to which this affidavit is annexed with the original Will dated the \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_  
(and the original Codicil dated the \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_), about to be filed for probate,  
and that the same is in all respects a true and correct copy of said original Will/Codicil and of the whole thereof.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_

Signature

Print Name

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Stamp or Seal)

Name of Attorney: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_