Filing Fee Paid $_____
_____ Certs $_____
_____ Certs $_____
$ _____ Bond, Fee: $_____
Receipt No: _____ No:_ _____

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF
_____X

PROBATE PROCEEDING,
WILL OF

a/k/a

Deceased.
_____X

PETITION FOR PROBATE AND:
[ ] Letters Testamentary
[ ] Letters of Trusteeship
[ ] Letters of Administration c.t.a.

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): [Check one] [ ] Executor (s) named in decedent's Will
[ ] Other (Specify) _____

1.(b) The proposed Executor [ ] is [ ] is not an attorney.
[NOTE: A sole Executor-Attorney must comply with 22 NYCRR 207.16(e)]

1.(c) The proposed Executor [ ] is [ ] is not the attorney-draftsperson, a then-affiliated attorney or employee thereof.
[NOTE: an attorney-draftsperson, a then affiliated attorney or employee thereof must comply with SCPA 2307-a]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent 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)

P-1 (02/08)

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 of 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

(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

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	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	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 clergyperson, 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. _____
(Signature of Petitioner)

_____
(Print Name)

2. _____
(Signature of Petitioner)

_____
(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 _____ , 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. :_____

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. :_____

Address of Attorney:_____

STATE OF NEW YORK
SURROGATE'S COURT: 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 months 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.

P-2 (10/96)

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. :_____

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. :_____

Address of Attorney:_____

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF

X

PROBATE PROCEEDING,
WILL OF

a/k/a

Deceased.

AFFIDAVIT OF ATTESTING WITNESS
(After Death)
Pursuant to SCPA 1406

File No. _____

X

STATE OF NEW YORK)
COUNTY OF) ss.:

The undersigned witness, being duly sworn, deposes and says:

(1) I have been shown [check one]
( ) the original instrument dated _____,
( ) a court-certified photographic reproduction of the original instrument dated _____,
purporting to be the last Will and Testament/Codicil of the above-named decedent.

(2) On the date indicated in such instrument (under the supervision of an attorney), I saw the decedent subscribe the same at the place where decedent's signature appears, and I heard the decedent declare such instrument to be his/her last Will and Testament/Codicil.

(3) I thereafter signed my name to such instrument as a witness thereto at the request of the decedent, and I saw the other witness (es) _____ sign his/her/their names (s) at the end of such instrument as a witness thereto.

(4) At the time the decedent subscribed and executed such instrument, the decedent was to the best of my knowledge and belief upwards of 18 years of age, and in all respects appeared to be of sound and disposing mind, memory and understanding, competent to make a will, and not under any restraint.

(5) The decedent could read, write and converse in the English language, and was not suffering from defects of sight, hearing or speech, or any other physical or mental impairment, which would affect his/her capacity to make a valid will. The purported instrument was the only copy of said Will/Codicil executed on that occasion, and was not executed in counterparts.

(6) I am making this affidavit at the request of _____.

_____
(Witness Signature)

_____
(Print Name)

_____
(Street Address)

_____
(Town/State/Zip)

Sworn before me this
day of _____, 20_____

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

[Note: Each witness must be shown either the Original Will or a Court-Certified Reproduction thereof. The Notary Public subscribing to this affidavit may Not be a party or witness to the Will.]

P-3 (10/96)

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF

X

PROBATE PROCEEDING,
WILL OF

WAIVER OF PROCESS:
CONSENT TO PROBATE

a/k/a

Deceased.

File No. _____

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 _____, __ _____ (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 if Trusteeship issue to _____

of the following trusts: _____

_____

_____	_____	_____	_____
Date	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)

Name of Attorney:_____ Tel No.:_____

Address of Attorney:_____

P-4 (10/96)

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)

HON.

Dated, Attested and Sealed Surrogate

_____, 20_____ _____

(Seal) Chief Clerk

_____

Attorney for Petitioner Telephone Number

_____

Address of Attorney

[NOTE: This citation is served upon you are 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.]

P-5 (10/96)

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF

X

PROBATE PROCEEDING,
WILL OF

NOTICE OF PROBATE
(SCPA 1409)

a/k/a

Deceased.

X

File No. _____

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:_____ Tel. No:_____

Address of Attorney:_____

P-6 (10/96)

AFFIDAVIT OF MAILING NOTICE OF PROBATE

STATE OF NEW YORK)
) ss.:
COUNTY OF)

_____, 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.

_____
Signature

Sworn to be fore me this _____

day of _____, 20____

_____
Print Name

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

Name of Attorney_____ Tel. No.:_____

Address of Attorney_____

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF

X

PROBATE PROCEEDING,
WILL OF

a/k/a

Deceased.

X

Note: File Proof of Service at least 2 days before return date. State clearly date, time and place of service and name of person served.
(Uniform Rule 207.7 (c) [22 NYCRR])

AFFIDAVIT OF SERVICE
OF CITATION

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_____, 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 be fore me this _____

day of _____ , 20 ___

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

_____
Signature

_____
Print Name

Name of Attorney_____ Tel. No.:_____

Address of Attorney_____

P-7 (10/96)

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

PROBATE PROCEEDING,
WILL OF

a/k/a

Deceased.
_____X

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

File No. _____

STATE OF NEW YORK)
COUNTY OF) 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_____

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

_____
Signature

_____
Print Name

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

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

File No. _____

Deceased.

X

STATE OF NEW YORK)
) ss.:
COUNTY OF)

_____ 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 _____.

_____
Signature

Sworn to be fore me this _____

day of _____, 20_____

_____
Print Name

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

Name of Attorney_____ Tel. No.:_____

Address of Attorney_____

STATE OF NEW YORK
SURROGATE'S COURT: 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 _____
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 _____) (and Codicil dated _____),
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 _____, _____, 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..

_____	_____	_____	_____
Date	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)

Name of Attorney_____ Tel. No.:_____

Address of Attorney_____

P-11 (10/96)

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

PROBATE PROCEEDING,
WILL OF

a/k/a

_____ Deceased.
_____X

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

File No. _____

STATE OF NEW YORK)
) ss.:
COUNTY OF)

_____, 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 nor 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	ADDRESS	NATURE OF CLAIM	AMOUNT

Sworn to be fore 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_____

P-12 (10/96)

(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.)

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

PROBATE PROCEEDING,
WILL OF

AFFIDAVIT OF COMPARISON

a/k/a

Deceased.
_____X

File No. _____

STATE OF NEW YORK)
) ss.:
COUNTY OF)

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.

_____
Signature

Sworn to be fore me this _____

day of _____, 20____

_____
Print Name

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

_____
Signature

_____
Print Name

Name of Attorney_____ Tel. No.:_____

Address of Attorney_____

P-13 (10/96)