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DO NOT LEAVE ANY ITEMS BLANK

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

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

PETITION FOR ANCILLARY PROBATE

SCPA ARTICLE 16

Ancillary Letters Testamentary

Ancillary Letters of Administration c. t. a.

Without Ancillary Letters

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

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

a domiciliary of the State of \_\_\_\_\_

Deceased.

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

It is respectfully alleged:

1. The name, citizenship, domicile (or, in the case of a bank or trust company, its principle office) and interest in this proceeding of the petitioner(s) 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]

Executer(s) named in decedent's will

Creditor

Other (Specify) \_\_\_\_\_

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:

(a) Name: \_\_\_\_\_

(b) Date of Death: \_\_\_\_\_

(c) Place of Death: \_\_\_\_\_

(d) Domicile: Street \_\_\_\_\_

City, Town, Village \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

(e) Citizen of: \_\_\_\_\_

3. Decedent left a will in writing dated \_\_\_\_\_ (and  
 codicil dated \_\_\_\_\_), which was duly admitted to probate on \_\_\_\_\_  
 by the \_\_\_\_\_ Court, County of \_\_\_\_\_, State of \_\_\_\_\_  
 being a competent court of the state of the domicile of decedent having jurisdiction thereof, and the will/codicil is not subject  
 to contest under the laws of that state.

On \_\_\_\_\_, letters were issued by the court to \_\_\_\_\_,  
 and the amount of the security given on the original appointment was \$\_\_\_\_\_. Under the will/codicil a  
 bond is is not dispensed with.

**[If additional space is needed in Paragraphs 4, 5 and 6, attach addendum.]**

4. (a) The will/codicil upon ancillary probate may operate upon property in the State of New York consisting of real  
 property and personal property described and valued as follows: [list items and describe briefly, giving location. If space is  
 insufficient, attached addendum].

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	\$ _____
Total	\$ _____

4. (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]**

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

Exemplified copies of the will/codicil, the decree admitting the will/codicil to probate, and the letters issued, if any are submitted  
 as part of this petition.

5. The names, addresses and interests of all persons entitled to process [(a) New York State Department of Taxation  
 and Finance, (b) all domiciliary creditors or domiciliaries claiming to be creditors, and (c) such other persons entitled to letters  
 pursuant to SCPA §1604] are as follows:

Name	Address	Nature of Interest Or Amount of Claim
New York State Department of Taxation and Finance	Albany, New York	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The name and address of each domiciliary beneficiary under the will/codicil having an interest in the property in this state is as follows:

(a) Each beneficiary who is of full age and sound mind or which is a corporation or association:

Name	Address	Interest [Refer to Paragraph of Will]
_____	_____	_____

(b) Each beneficiary who is an infant or otherwise under a disability: [State disability and see SCPA §304(3)]

Name	Address	Interest [Refer to Paragraph of Will]
_____	_____	_____

Disability: \_\_\_\_\_

\_\_\_\_\_

Disability: \_\_\_\_\_

7. There are no persons interested in this proceeding other than those herein before mentioned. No previous application for ancillary probate with or without ancillary letters has been made, except \_\_\_\_\_

\_\_\_\_\_

WHEREFORE, petitioner(s) pray(s) (a) that process issue to all necessary parties (b) that the Will/Codicil be admitted to ancillary probate and (c) that ancillary letters issue thereon as follows:

Ancillary Letters Testamentary to: \_\_\_\_\_

\_\_\_\_\_

Ancillary Letters of administration c.t.a. to: \_\_\_\_\_

\_\_\_\_\_

No Ancillary Letters to be issued

(d) [State any other relief requested] \_\_\_\_\_

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)

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

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

**COMBINED VERIFICATION  
OATH AND DESIGNATION**

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

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

a domiciliary of the State of \_\_\_\_\_  
Deceased

STATE OF \_\_\_\_\_X  
COUNTY OF \_\_\_\_\_) ss:

The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:

1. VERIFICATION: I have read the forgoing 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 ANCILLARY Executor Administrator c.t.a.: 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 ancillary executor/administrator c.t.a. under the will. 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 New York Attorney: \_\_\_\_\_

Print Name of New York Attorney: \_\_\_\_\_

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

Address of New York Attorney: \_\_\_\_\_

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

-----X

ANCILLARY PROBATE PROCEEDING, WILL OF

**COMBINED CORPORATE VERIFICATION  
CONSENT AND DESIGNATION**

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

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

a domiciliary of the State of \_\_\_\_\_

Deceased.

-----X

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 forgoing 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 [ ] Ancillary Executor [ ] Ancillary Administrator c.t.a. under the will of the decedent described in the foregoing petition and consent to act as 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 \_\_\_\_\_, 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.

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

Signature of New York Attorney: \_\_\_\_\_

Print Name of New York Attorney: \_\_\_\_\_

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

Address of New York Attorney: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ deceased,  
lately domiciled at \_\_\_\_\_  
admitting to ancillary probate an exemplified copy of the Will dated \_\_\_\_\_,  
(A Codicil dated \_\_\_\_\_), as the Will of \_\_\_\_\_

relating to real and personal property, and directing that

- Ancillary Letters Testamentary issue to: \_\_\_\_\_
- Ancillary Letters of Administration c.t.a. issue to: \_\_\_\_\_
- No Ancillary Letters to be issued

(State any further relief requested)

Dated, Attested and Sealed,

HON. \_\_\_\_\_  
Surrogate

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Chief Clerk

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Telephone Number

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

[Note: This 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  
ANCILLARY PROBATE PROCEEDING, WILL OF

**NOTICE OF ANCILLARY PROBATE**

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

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

a domiciliary of the State of \_\_\_\_\_  
Deceased

-----X

Notice is hereby given that:

1. An exemplified copy of the Will dated \_\_\_\_\_ (and Codicil dated \_\_\_\_\_ )

of the above named decedent, domiciled at \_\_\_\_\_

State of \_\_\_\_\_ has been offered for ancillary probate in the Surrogate's Court for the County  
of \_\_\_\_\_.

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

address(es) is/are \_\_\_\_\_

3. The name and post office address of each and every domiciliary beneficiary of the above named decedent as set forth in  
Paragraph 6 of the petition is/are as follows:

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

(USE ADDITIONAL SHEETS IF NECESSARY)

Date \_\_\_\_\_

**[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 New York Attorney: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of New York Attorney: \_\_\_\_\_

