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Receipt No: _____ No:_____

DO NOT LEAVE ANY ITEMS BLANK

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

ANCILLARY ADMINISTRATION PROCEEDING,
ESTATE OF

a/k/a

a domiciliary of the State of

Deceased.
---------- X

PETITION FOR ANCILLARY LETTERS OF ADMINISTRATION SCPA ARTICLE 16

[ ] Ancillary Letters of Administration
[ ] Ancillary Letters of Administration d.b.n.

File No._____

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 principal 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]

[ ] Administrator
[ ] Creditor
[ ] Other [Specify] _____
[ ] Distributee of decedent [State relationship] _____

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:_____

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3. The decedent died **INTESTATE**, leaving no will.

On the _____, letters were issued to _____ by _____ Court, State of _____, being a competent court of the state of the domicile of decedent having jurisdiction thereof, and the amount of the security given on the original appointment was $_____.

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

4. (a) The estimated gross value of decedent's property in the State of New York, consisting of real property and personal property, is described and valued as follows: [list items and described briefly, giving location. If space is insufficient, attach 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 assets exits 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 decree and the letters issued, it any, are submitted as part of this petition.

5. The names, addresses and interests of all persons entitled [(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 § 1607] are as follows:

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

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6. The name and address of each domiciliary distributee having an interest in the property in this state is as follows:

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

Name	Address	Interest

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

Name	Address	Interest

Disability: _____

Disability: _____

7. There are no persons interested in this proceeding other than those hereinbefore mentioned. No previous application for ancillary administration with or without ancillary letters has been made, except _____

_____

WHEREFORE, petitioner (s) pray (s) (a) that process issue to all necessary parties and (b) that ancillary letters issue thereon as follows:

[ ] Ancillary Letters of Administration to:_____

_____

[ ] Ancillary Letters of Administration d.b.n. to:_____

_____

(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)

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

---------- X

ANCILLARY ADMINISTRATION PROCEEDING,
ESTATE OF

COMBINED VERIFICATION, OATH AND DESIGNATION

a/k/a

a domiciliary of the State of

File No._____

Deceased.

---------- X

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 ANCILLARY [ ] Administrator [ ] 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 ancillary administrator/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 New York Attorney:_____

Print Name of New York Attorney:_____

Firm Name:_____ Tel No.:_____

Address of New York Attorney:_____
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SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF
---------- X
ANCILLARY ADMINISTRATION PROCEEDING,
ESTATE OF

a/k/a

a domiciliary of the State of

Deceased.
---------- X

COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION

File No._____

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 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 Administrator [ ] Ancillary 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 _____, before me personally came _____ to me known, who duly swore to the foregoing instrument and who did say that he/she resides at _____ 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 New York Attorney:_____

Print Name of New York Attorney:_____

Firm Name:_____ Tel No.:_____

Address of New York Attorney: _____

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ANCILLARY ADMINISTRATION 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 _____ o'clock on the ____ noon of that day, why a decree should not be made in the estate of _____

lately domiciled at _____

granting ancillary administration and directing that

[ ] Ancillary Letters of Administration issue to:_____

[ ] Ancillary Letters of Administration d.b.n. issue to: _____

(State any further relief requested)

Dated, Attested and Sealed,

Hon.
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 request. You have a right to have an attorney appear for you.)

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

---------- X

ANCILLARY ADMINISTRATION PROCEEDING,
ESTATE OF

a/k/a

a domiciliary of the State of

Deceased.

---------- X

NOTICE OF APPLICATION FOR ANCILLARY LETTERS OF ADMINISTRATION

File No. _____

Notice is hereby given that:

1. An application for ancillary letters of administration upon the estate of _____, deceased, domiciled at _____ State of_____ has been offered for ancillary administration in the Surrogate's Court for the County of _____.

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

3. Petitioner prays that a decree be made directing the issuance of [ ] Ancillary Letters of Administration [ ] Ancillarys Letter 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 Paragraph 6 of the petition and known to the undersigned, is/are as follows:

NAME OF DISTRIBUTEE	DOMICILE AND POST OFFICE ADDRESS

(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: _____

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NAME OF DISTRIBUTEE DOMICILE AND POST OFFICE ADDRESS

AFFIDAVIT OF MAILING NOTICE OF ANCILLARY ADMINISTRATION

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 _____, he/she deposited in the post office or in a 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 Application for Ancillary Letters of Administration 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 _____

day of _____

_____
Signature

_____
Print Name

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

Name of New York Attorney: _____ Tel. No.:_____

Address of New York Attorney: _____

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