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\_\_\_\_\_ Certs \$ \_\_\_\_\_

\$ \_\_\_\_\_ Bond, Fee: \_\_\_\_\_

Receipt No: \_\_\_\_\_ No: \_\_\_\_\_

DO NOT LEAVE ANY ITEMS BLANK

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

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

----- X

ADMINISTRATION PROCEEDING,

Estate of

a/k/a

Deceased

PETITION FOR LETTERS OF:

Administration

Limited Administration

Administration with Limitations

Temporary Administration

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

----- X

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

It is respectfully alleged:

1. The name,domicile and interest in this proceeding of the petitioner,who is of full age,is as follows:

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

Domicile: \_\_\_\_\_  
(Street Address) (City/Town/Village)

\_\_\_\_\_  
(County) (State) (Zip) (Telephone Number)

Mailing address is: \_\_\_\_\_  
(if different from domicile)

Citizenship (check one):  U.S.A.  Other (specify) \_\_\_\_\_

Interest of Petitioner (check one):  
 Distributee of decedent (state relationship) \_\_\_\_\_  
 Other(specify) \_\_\_\_\_

Is proposed Administrator an attorney?  Yes  No

[If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

The proposed Administrator  is  is not a convicted felon nor is he/she otherwise ineligible, pursuant to SCPA 707 to receive letters.

If the proposed Administrator is a convicted felon,submit a copy of the Certificate of Relief from Civil Disabilities.

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

**[The Death Certificate must be filed with this proceeding.** If the decedent's domicile is different from that shown on the death certificate, check box  and attach an affidavit explaining the reason for this inconsistency.]

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

Domicile: \_\_\_\_\_  
(Street Number) (City,Village/Town)

\_\_\_\_\_  
(State) (Zip Code)

Township of: \_\_\_\_\_ County of: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Citizenship: (check one):  U.S.A.  Other (specify) \_\_\_\_\_

**[Note: For Items 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 the decedent's personal property passing by intestacy is less than

\$ \_\_\_\_\_

(b) The estimated gross value of the decedent's real property, in this state, which is [ ] improved, [ ] unimproved, passing by 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) 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 the rein: **[Write "NONE or state briefly the cause of action and the person against whom 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 7. See EPTL5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s)(has)(have) been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL4-1.1 and 4-1.2:

- a. \_\_\_\_\_ Spouse(husband/wife).
- b. \_\_\_\_\_ Child or children or descendants of predeceased child or children. **[Must include marital, nonmarital and adopted].**
- c. \_\_\_\_\_ Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. \_\_\_\_\_ Mother/Father.
- e. \_\_\_\_\_ Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or 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 surviving relatives who would take the property of decedent pursuant to EPTL4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].**

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office address 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 (7) is not sufficient. See Uniform Rules 207.16(b).**

**If any person listed in paragraph(7)is a non-marital person,or descended from an on marital person,attach a copy of the order affiliation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].**

7a. The following are of full age and under no disability:[If non-marital or adopted-out person,so indicate by attaching Schedule A and/or B]

Name	Relationship	Domicile and Mailing Address	Citizenship Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7b. 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 Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8 There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. There are no other persons interested in this proceeding other than those here in before mentioned.

WHEREFORE, your petitioner respectfully prays 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(7) 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 to \_\_\_\_\_
  - [ ] Limited Administration to \_\_\_\_\_
  - [ ] Administration with Limitation to \_\_\_\_\_
  - [ ] Temporary Administration 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 forgoing Letters be limited with respect to the prosecution or enforcement 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:

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( ) f. [State any other relief requested.] \_\_\_\_\_

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

1. \_\_\_\_\_  
(Signature of Petitioner)

2. \_\_\_\_\_  
(Signature of Petitioner)

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

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

STATE OF NEW YORK )  
 ) ss:  
COUNTY OF )

**COMBINED VERIFICATION, OATH AND DESIGNATION**

**[For use when petitioner is to be appointed administrator]**

I, the undersigned the petitioner named in the foregoing petition, being duly sworn, say:

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 there in stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR 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 Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible, pursuant to SCPA707, 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 do 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/Number) (City, Village/Town) (State) (Zip)

\_\_\_\_\_  
Signature of Petitioner

On the \_\_\_\_\_ day of \_\_\_\_\_, 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: \_\_\_\_\_

SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF

----- X

PROCEEDING FOR

SCHEDULE A

Estate of

NONMARITAL PERSONS

(PERSONS BORN OUT OF WEDLOCK)

a/k/a

Deceased. File# \_\_\_\_\_

----- 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 copy of birth certificate.

Has an order of filiation establishing paternity been entered? Yes [ ] No [ ]

If yes, attach copy of order.

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

If yes, give dates and places of residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

----- X

PROCEEDING FOR

SCHEDULE B

Estate of

ISSUE OF THE DECEDENT

a/k/a

WHO WERE THE SUBJECT

OF AN ADOPTION

Deceased. File # \_\_\_\_\_

----- X

Name of child: \_\_\_\_\_

Relationship to decedent prior to adoption: \_\_\_\_\_

Date of adoption: \_\_\_\_\_

Was this a step-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:

[ ] grandparent(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

PROCEEDING FOR

SCHEDULE C

Estate of

INFANTS

a/k/a

Deceased. File # \_\_\_\_\_

----- X

[NOTE: Please furnish all of the information requested, otherwise the petition may be rejected.]

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 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 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

PROCEEDING FOR

SCHEDULE D

Estate of

PERSONS UNDER DISABILITY

OTHER THAN INFANTS

a/k/a

Deceased. File # \_\_\_\_\_

----- X

[use additional sheets if more than one]

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]

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

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 HERE BY 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 \_\_\_\_\_

in the County of \_\_\_\_\_, New York, granting Letters of Administration upon the estate of  
the decedent to \_\_\_\_\_ or to such other person as may be entitled there to.

(State any further relief requested)

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

Dated, Attested and Sealed, \_\_\_\_\_, 20\_\_\_\_\_

Surrogate

(Seal)

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

Name of

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

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

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-at-law appear for you.

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

----- X

ADMINISTRATION PROCEEDING

Estate of

NOTICE OF APPLICATION FOR  
LETTERS OF ADMINISTRATION  
(SCPA 1005)

a/k/a

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

----- X

Notice is Hereby Given That:

(1) an application for Letters of Administration 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 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, 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
_____	_____
_____	_____
_____	_____

[CONTINUE ON REVERSE SIDE IF MORE SPACE NEEDED]

(5) That the undersigned does not know of any other distributees of the said decedent.

(6) That Letters of Administration will issue on or after \_\_\_\_\_, 20 \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Petitioner or Attorney

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

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

\_\_\_\_\_  
Address (Office)

\_\_\_\_\_  
Address

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

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

----- X

ADMINISTRATION PROCEEDING

AFFIDAVIT OF MAILING

Estate of

NOTICE OF APPLICATION FOR

LETTERS OF ADMINISTRATION

(SCPA 1005)

a/k/a

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

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

deponent mailed a copy of the foregoing Notice of application for Letters of administration, 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 letter box or other official depository under the exclusive care and custody of the United States Post Office, located at:

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_

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

**Notary Public**

**Commission Expires:**

**(Affix Stamp or Seal)**

SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF

----- X

ADMINISTRATION PROCEEDING

Estate of

NOTICE TO CONSUL

GENERAL

a/k/a

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

----- 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 \_\_\_\_\_, 20 \_\_\_\_\_, 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 No.

STATE OF NEW YORK

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

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

That he/she resides at \_\_\_\_\_, New York; that on the

\_\_\_\_\_, 20 \_\_\_\_\_, he/she served a copy of the above NOTICE on the Consul General of \_\_\_\_\_ at \_\_\_\_\_, New York City, by mailing same to the office of the aforesaid Consul.

\_\_\_\_\_  
Signature

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

Notary Public

Commission Expires: (Affix Stamp and Seal)

At a Surrogate's Court of the State of New York Held  
in and for the County of \_\_\_\_\_,  
at \_\_\_\_\_ New York  
on \_\_\_\_\_, 20 \_\_\_\_\_

PRESENT:

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

Surrogate.

----- X

ADMINISTRATION PROCEEDING

DECREE APPOINTING

Estate of

ADMINISTRATOR

a/k/a

FileNo. \_\_\_\_\_

Deceased.

----- X

A petition having been filed by \_\_\_\_\_ praying that administration  
of the goods, chattels and credits of the above-named decedent be granted to \_\_\_\_\_ ;  
and all persons named in such petition, required to be cited, having been duly cited to show cause why such relief should not be  
granted or having duly waived the issuance of such citation and consented thereto; and it appearing  
that \_\_\_\_\_  
is in all respects competent to act as administrat \_\_\_\_\_ of the estate of said deceased,  
and a

[ ] bond having been filed and approved in the amount of \$ \_\_\_\_\_

[ ] bond having been dispensed with

and such representative(s) otherwise having qualified therefore; now, after due deliberation, with no one appearing in opposition  
thereto, it is

ORDERED AND DECREED that Letters of Administration issue to \_\_\_\_\_

ORDERED AND DECREED, that the authority of such representative(s) be restricted in accordance with, and that letters herein  
issued contain, the limitation, if any, which appears immediately below.

\_\_\_\_\_  
Surrogate

A-6

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

----- X

ADMINISTRATION PROCEEDING

Estate of

AFFIDAVIT OF  
REGULARITY

a/k/a

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

----- X

STATE OF NEW YORK  
COUNTY OF

ss.:

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

1. That he/she is the attorney for \_\_\_\_\_, the  
\_\_\_\_\_ herein.

2. That all the parties to this proceeding have been duly cited or have waived the issuance and service of a citation herein and consented to the entry of a decree or order in the following manner and form:

a. By service of a copy of the citation issued herein upon the following persons in the manner prescribed by SCPA 307(1), as more fully appears by the proof of service thereof, made in the manner and form by law and filed on \_\_\_\_\_, 20\_\_\_\_\_.

Name	Address	Date of Service
_____	_____	_____
_____	_____	_____

b. By service pursuant to an order made herein on \_\_\_\_\_, 20\_\_\_\_\_, under SCPA307(2), as more fully appears by the proof of service thereof, made in the manner prescribed by law and filed herein on \_\_\_\_\_, 20\_\_\_\_\_.

Name	Address	Date of Service
_____	_____	_____
_____	_____	_____

(Parties who waive or consent)

c. By duly executed waivers of the issuance and service of the citation herein and a consent to the entry of a decree or order and filed herein on \_\_\_\_\_, 20\_\_\_\_\_, by:

Name	Address	Date of Service
_____	_____	_____
_____	_____	_____

3. That no notice of appearance has been filed herein, except by \_\_\_\_\_

4. That all of the persons named above are of full age and are of sound mind, excepting those herein before stated to be otherwise, and comprise all the parties, as deponent verily believes, who have any interest in this proceeding.

\_\_\_\_\_  
Signature

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

Notary Public

Commission Expires: (Affix Stamp and Seal)

N.B. Where a person cited is an infant, incarcerated, a mentally ill person, a mentally retarded person, a developmentally disabled person, an alcohol abuser or for any cause is mentally incapable of adequately protecting his/her rights, it must so appear in the foregoing affidavit. The age of the infant also must be stated.

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

----- X

ADMINISTRATION PROCEEDING

Estate of

WAIVER OF CITATION,  
RENUNCIATION AND CONSENT TO  
APPOINTMENT OF ADMINISTRATOR  
(INDIVIDUAL)

a/k/a

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

----- 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 right to Letters of Administration of the above captioned estate and consents that

- Letters of Administration
- Letters of Administration with Limitations
- Limited Letters of Administration

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 release any claim I 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 \_\_\_\_\_, 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 each duly acknowledged the execution thereof.

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

\_\_\_\_\_  
Address

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

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



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

----- X

ADMINISTRATION PROCEEDING  
Estate of

WAIVER OF CITATION AND  
CONSENT TO APPOINTMENT  
OF ADMINISTRATOR  
(CORPORATION)

a/k/a

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

----- X

The undersigned corporation, a creditor of the above-named decedent, hereby voluntarily appears in the Surrogate's Court of \_\_\_\_\_ County, New York, and waives the issuance and service of a citation in this matter and consents that Letters of Administration be issued to \_\_\_\_\_ or any other person or persons entitled there to without any notice whatsoever to the undersigned, without furnishing a bond or other security for the faithful performance of the duties of that office and specifically releasing any claim it might have under any bond that may be furnished.

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

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

By: \_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Type Name and Title)

STATE OF NEW YORK

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

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

\_\_\_\_\_  
to me known, who being duly sworn did say that: he resides at \_\_\_\_\_

\_\_\_\_\_ ; he is a \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_, the corporation described in and which executed the foregoing waiver and consent; and that he signed the same thereto by order of the board of directors of the corporation.

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

\_\_\_\_\_  
Address

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

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

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

-----X  
ADMINISTRATION PROCEEDING

Estate of

a/k/a

Deceased.

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)

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

-----X  
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 person-  
ally 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 Stamp and Seal)