SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
VOLUNTARY ADMINISTRATION, Estate of

_____ ,
Deceased.
---------- X

AMENDED AFFIDAVIT
IN RELATION TO SETTLEMENT
OF ESTATE
UNDER ARTICLE 13, SCPA
(as of 11/2019)

File No._____

STATE OF _____)
) ss.:
COUNTY OF _____)

I, _____, being duly sworn, depose and say:
(Name)

1. I am the voluntary administrator of the above-named decedent and make this affidavit pursuant to Article 13 of the Surrogate's Court Procedure Act. The original and any amended affidavits were filed on the following dates: [list dates]

_____

2. I was found qualified to act as the voluntary administrator of the above captioned estate by the _____County Surrogate's Court on the _____ day of _____, 20 _____.

3. The following items of personal property, owned by the above-named decedent, were not listed in paragraph 9 of the Affidavit of Voluntary Administration originally filed nor in any amended affidavits filed with the court.

Items of Personal Property Separately Listed	**Value of Each Item**
_____	_____
_____	_____
_____	_____
	Total $ _____

4. For the item of personal property listed in paragraph 3, I require _____ additional certificates of voluntary administration.

The value of all of the decedent's non-exempt assets still does not exceed **$50,000.00.**

_____
(Affiant)

Sworn to before me on
_____, 20 _____

_____
(Print Name)

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

Signature of Attorney:_____

Print Name:_____

Firm Name:_____ Tel No. : _____

Address of Attorney:_____

SE-3B (11/2019)