

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

In the Matter of the Application of
as Administrat_____ of the Goods, Chattels and
Credits which were of

ACCOUNT

Deceased.

File # _____

For leave to compromise a certain cause of action for
wrongful death of the decedent and to render and have
judicially settled an account of the proceedings as such
Administrat_____.

TO THE SURROGATE'S COURT:

1. I _____ do render the following account of my
proceedings as administrat_____ of the goods, chattels and credits which were of _____,
deceased, consisting of a claim against _____, who is insured by
_____ Insurance Company, for wrongful death arising on or about _____,
as the result of an automobile accident involving the decedent and _____.

2. Letters of Administration of the goods, chattels and credits of the decedent were issued to me on
_____, said letters being limited to the prosecution only, and not for the collection of
any proceeds of, any action or claim for wrongful death. Simultaneously herewith, leave is being asked to
compromise the claim for wrongful death of the decedent for the sum of \$_____.

3. There is submitted with this account my petition as administrat_____; and affidavit by
_____, Esq., attorney for the petitioner herein; a copy of the paid
funeral bill; and waivers of the necessary parties.

4. In view of the facts and circumstances, it is my opinion that a satisfactory result has been
achieved through the efforts of my attorneys, and they are requesting disbursements in the sum of
\$_____ and that they receive thereafter a fee of _____ % of the net proceeds.

5. The funeral bill in the sum of \$_____ has been paid through no-fault insurance.

6. There are no outstanding hospital bills or doctors' bills.

7. The only property coming into my hands is by reason of the compromise of the claim against the
Insurance Company in the sum of \$_____.

8. The decedent left surviving no other next of kin except _____,
his/her widow/widower, and _____,
_____,
his/her children. All of the above persons are entitled to share in the proceeds of the compromise.

(NOTE: WHERE THERE ARE NO DISTRIBUTEES UNDER A DISABILITY, THE RENDERING OF AN ACCOUNT IS USUALLY NOT REQUIRED.)

(NOTE: REIMBURSEMENT OF FUNDS PAID FOR FUNERAL AND OTHER ADMINISTRATIVE EXPENSES, UNDER MOST CIRCUMSTANCES, ARE ALLOWABLE, AS ARE STATUTORY COMMISSIONS TO THE ADMINISTRATOR(S). IF REIMBURSEMENT OR COMMISSIONS ARE NOT SOUGHT, THE PETITION SHOULD CONTAIN A WAIVER THEREOF).

9. There are no other claims or creditors of the estate that have been presented to or have come into my hands or knowledge except for the following:

a) The Commissioner of Social Services has submitted a claim of \$ _____ for public assistance rendered to decedent and his/her family for the years _____. This claim was rejected.

b) _____ has submitted a claim for \$ _____ based on _____. This claim was rejected.

c) Decedent's father/mother, _____ has sought a share of the recovery based on an alleged pecuniary loss. This claim was rejected.

10. The following are the only persons interested in this proceeding:

[List names of distributees, etc.]

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ County Department
of Social Services Possible Creditor

New York State Tax Commission Possible Creditor

_____ Attorneys

_____ Defendant

Insurance Company Defendant's Insurance Company

11. I charge myself as follows with the amount to be received on compromise of the claim for wrongful death against _____
Insurance Company:

\$ _____

12. I credit myself as follows:

- a) With the amount to be paid to _____,
Esqs., attorneys, including disbursements: \$ _____
 - b) With the amount to be paid to _____,
widow/widower and distributee: (_____ %): \$ _____
 - c) With the amount to be paid to the guardian of the person
and property of _____,
infant, jointly with the Trust Officer of _____
Bank (_____ %): \$ _____
 - d) with the amount to be paid to _____,
son/daughter (_____ %): \$ _____
- Total: \$ _____

Leaving no balance.

Dated: _____

STATE OF NEW YORK
COUNTY OF _____ ss.:

_____ being duly sworn, deposes and says:
That I am the administrat_____/accountant in the above estate, having been duly appointed by a
decree of this Court.

The foregoing account of proceedings contains to the best of my knowledge and belief a true and
complete statement of my receipts and disbursements in the estate of _____
of all monies and other property belonging to the estate or fund which have come into my hands or which
have been received by any person or persons by my order or authority for use since my appointment, and a
full and true statement of account of the manner in which I have disposed of same and all property
remaining in my hands at the present time, and a full and true account of the nature of each and every
transaction may by me since my appointment.

I do not know of any error or omission in said account to the prejudice of any person interested in
said estate or fund.

Sworn to before me this _____
day of _____.

Notary Public