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**DO NOT LEAVE ANY ITEMS BLANK**

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

\_\_\_\_\_ X  
LETTERS OF ADMINISTRATION c.t.a.,  
WILL OF \_\_\_\_\_

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

**PETITION FOR  
LETTERS OF ADMINISTRATION c.t.a  
AFTER PROBATE  
SCPA 1418 AND 1419**

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

Deceased.

\_\_\_\_\_ X

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

It is respectfully alleged:

1. (a) 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) is/are as follows: \_\_\_\_\_

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

Domicile or Principal Office: \_\_\_\_\_  
(Street and Number) (City, Village or Town)

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

Mailing Address: \_\_\_\_\_  
(If different from domicile)

Citizenship (check one): USA Other (specify) \_\_\_\_\_

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

Domicile or Principal Office: \_\_\_\_\_  
(Street and Number) (City, Village or Town)

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

Mailing Address: \_\_\_\_\_  
(If different from domicile)

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

Interest (s) of Petitioner (s): [Check one]

Sole Beneficiary Residuary Beneficiary  
Other [Specify] \_\_\_\_\_

1.(b) The proposed Administrator c.t.a. is is not an attorney.  
[NOTE: An Administrator c.t.a. - Attorney must comply with Uniform Court Rule 207.16 (e). (See also 207.52)]

2. The will of the above-named decedent was admitted to probate by the Surrogate's Court of \_\_\_\_\_ County on \_\_\_\_\_ and Letters Testamentary were issued to \_\_\_\_\_, who on \_\_\_\_\_ died resigned was removed.

3. The names and addresses of all persons and parties interested in this proceeding having a right to letters of administration c.t.a. (with the will annexed) prior or equal to the petitioner under the provisions of SCPA §1418 and 1419, are as follows: [Furnish all information specified in **NOTE** below, if required]

Name \_\_\_\_\_ Domicile Address and \_\_\_\_\_ Description of Legacy, Devisee  
Relationship \_\_\_\_\_ Mailing Address \_\_\_\_\_ or Other Interest, or Nature  
of Fiduciary Status: \_\_\_\_\_

4. The names and addresses of all persons and parties who are beneficiaries named in the will other than those named in paragraph 3 above are as follows: [Furnish all information specified in **NOTE** below, if required]

Name \_\_\_\_\_ Domicile Address and \_\_\_\_\_ Description of Legacy, Devisee  
Relationship \_\_\_\_\_ Mailing Address \_\_\_\_\_ or Other Interest, or Nature  
of Fiduciary Status: \_\_\_\_\_

5. There are no persons other than those hereinbefore mentioned interested in this proceeding.

6. There are no outstanding debts or funeral expenses, except: [If "**NONE**" so state] \_\_\_\_\_

7. (a) To the best of the knowledge of the undersigned, property of the estate remains **unadministered** as follows:

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

(b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the estate as follows: [**Enter "NONE" or specify**] \_\_\_\_\_

[NOTE: In the case of each infant, state (a) name, birth date, relationship to decedent, domicile and residence address, and the person with whom he/she resides, (b) whether or not he/she has a court-appointed guardian (if not, so state), and whether or not his/her father and/or mother is living, and (c) the name and residence address of any court-appointed guardian and the information regarding such appointment. In the case of each other person under a disability, state (a) name, relationship to decedent, and residence address, (b) facts regarding this disability including whether or not a committee, conservator, guardian, or any other fiduciary has been appointed and whether or not he/she has been committed to any institution, and (c) the names and addresses of any committee, person or institution having care and custody of him/her; conservator; guardian; and any relative or friend having an interest in his/her welfare. In the case of a person confined as a prisoner, state place of incarceration and list any person having an interest in his/her welfare.

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

Letters of Administration c.t.a. to: \_\_\_\_\_

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

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

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

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

3. \_\_\_\_\_  
(Name of Corporate Petitioner)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Print Name and Title of Officer)

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

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

**COMBINED VERIFICATION, OATH & DESIGNATION**

[For use when petitioner is to be appointed administrator c.t.a.]

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 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 the administrator c.t.a.. 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)

\_\_\_\_\_  
(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 sworn to such instrument before me and duly acknowledge 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: \_\_\_\_\_

**COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION**

[For use when a petitioner to be appointed is a bank or trust company]

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, 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 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 Administrator c.t.a. 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 the \_\_\_\_\_, \_\_\_\_\_, 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 the 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 Attorney: \_\_\_\_\_

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

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

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

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

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 \_\_\_\_\_, New  
York, on \_\_\_\_\_, at \_\_\_\_\_ o'clock in the  
\_\_\_\_\_ noon of that day, why a decree should not be made in the estate of \_\_\_\_\_  
lately domiciled at \_\_\_\_\_  
granting administration c.t.a. and directing that Letters of Administration c.t.a. issue to \_\_\_\_\_  
\_\_\_\_\_ (State any  
further relief requested) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated, Attested and Sealed,

(Seal

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

\_\_\_\_\_  
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 requested. You have a right to have an attorney appear for you.]

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

LETTERS OF ADMINISTRATION c.t.a.  
WILL OF \_\_\_\_\_  
a/k/a \_\_\_\_\_

RENUNCIATION OF LETTERS OF  
ADMINISTRATION c.t.a.  
WAIVER OF PROCESS AND  
CONSENT TO DISPENSE WITH BOND

Deceased. \_\_\_\_\_ X

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

The undersigned, \_\_\_\_\_, a person interested in this estate as  
a beneficiary with equal or prior right to receive letters  
a beneficiary of the estate  
a creditor  
other (specify) \_\_\_\_\_

hereby personally appears in this proceeding in the Surrogate's Court of \_\_\_\_\_  
County and

1. Renounces all rights to Letters of Administration c.t.a.
2. Waives the issuance and service of citation in the above entitled proceeding.
3. Consents that Letters of Administration c.t.a. be granted by the Court  
to \_\_\_\_\_ or any other person or persons entitled there to without any notice  
whatsoever to the undersigned.
4. Consents to dispense with bond of the Administrator c.t.a. and if such consent be filed by some  
but not all of the persons interested in the estate, specifically releases any claim under any bond that may be  
required of such Administrator c.t.a.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Street Address \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Print Name \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss.: \_\_\_\_\_

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)

Name of Attorney: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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

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

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

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

Deceased.  
\_\_\_\_\_ X

STATE OF NEW YORK                    )  
   ) ss.:  
COUNTY OF \_\_\_\_\_ )

AFFIDAVIT OF NO DEBT  
(For use with Letters of  
Administration c.t.a.)

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

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

he/she resides at \_\_\_\_\_, County of \_\_\_\_\_,

State of \_\_\_\_\_; that he/she is the person seeking appointment as administrator c.t.a. in the

above entitled proceeding; that the value of all personal property receivable by the fiduciary of the estate of the above-named

decedent plus estimated gross rents receivable by said fiduciary for 18 months will not exceed the sum of

\$ \_\_\_\_\_; that deponent has made a diligent search to ascertain whether or nor there are any debts or claims

against the estate of said decedent and that there are no claims, including unpaid funeral and medical bills, except as follows:

[If "none", write "NONE"] \_\_\_\_\_

<u>NAME</u>	<u>ADDRESS</u>	<u>NATURE OF CLAIM</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sworn to be fore me this \_\_\_\_\_

\_\_\_\_\_  
Signature

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

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

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

Name of Attorney \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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