

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

-----X
PROBATE PROCEEDING, Will of

APPLICATION FOR
TEMPORARY LETTERS OF ADMINISTRATION
(See SCPA 901(1))

a/k/a

Deceased.

File # _____

-----X

1. The proposed temporary administrator(s) is/are _____

and is/are (is/are not) designated in the Will of the above named decedent dated _____

as follows: _____.

(together with Codicil(s) dated _____) and duly filed with the court.

2. The person(s) who would have a right to temporary letters of administration is/are: [enter "NONE" or specify name and interest]

3. Temporary letters of Administration are requested for the following reasons:

4. Probate is expected to be completed by: _____

5. A contest [] is [] is not expected.

6. The testamentary assets of decedent's estate are estimated as follows: [describe and state value; annex schedule if space is insufficient]

Personal Property: _____

Total Personal Property: \$ _____

Real Property: _____

Total Real Property: \$ _____

18 months rent, if applicable: _____

Total of 18 months rent: \$ _____

7. The liabilities of this estate are: _____

8. By provision in the propounded will, the applicant(s) [is/are] [are not] required to file a bond or other security for the performance of his/her/their duties.

Your applicant(s) respectfully request the issuance to _____ of temporary letters of administration upon qualifying.

Dated: _____
Applicant
Applicant

OATH & DESIGNATION OF TEMPORARY ADMINISTRATOR

STATE OF NEW YORK)
COUNTY OF) ss.:

I, the undersigned, _____, being duly sworn, say:

1. OATH OF TEMPORARY ADMINISTRATOR: I am over eighteen (18) years of age and a citizen of the United States; I am named in the Will described in the foregoing petition and will well, faithfully and honestly discharge the duties of temporary administrator and duly account for all money or property which may come into my hands. I am not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of Queens 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 Address) (City/Town/Village) (State) (Zip)

(Signature of Petitioner)

(Print Name)

On _____, 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)

Name of Attorney: _____ Tel. No.: _____

Address of Attorney: _____

NOTE: Each Temporary Administrator must complete a combined Oath & Designation of Temporary Administrator.

CONSENT AND DESIGNATION OF CORPORATE PRELIMINARY EXECUTOR

STATE OF NEW YORK)
COUNTY OF) ss.:

I, 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. CONSENT: I consent to accept the appointment as Preliminary Executor under the Last Will and Testament of the decedent described in this application and consent to act as such fiduciary.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I designate the Chief Clerk of the Surrogate's Court of Queens 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 whenever one of its proper officers cannot be found and served within the State of New York after due diligence used.

(Name of Bank or Trust Company)

BY _____
(Signature)

(Print Name and Title)

On _____, 20____, 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 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)

Name of Attorney: _____ Tel. No.: _____

Address of Attorney: _____