

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

\_\_\_\_\_  
**Proceeding for Permission to Resign as Administrator  
and Appoint an Administrator d.b.n.**

Estate of \_\_\_\_\_

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

**PETITION TO RESIGN AS  
ADMINISTRATOR AND APPOINT  
AN ADMINISTRATOR D.B.N.**

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

\_\_\_\_\_  
**Deceased.**

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

It is respectfully alleged:

1. 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:

(a) Name: \_\_\_\_\_

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

\_\_\_\_\_  
(County) (State) (Zip Code) (Telephone Number) (Email Address)

Interest/Relationship: [] Resigning Administrator

(b) Name: \_\_\_\_\_

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

\_\_\_\_\_  
(County) (State) (Zip Code) (Telephone Number) (Email Address)

Interest/Relationship: [] Proposed Administrator d.b.n. [] Other \_\_\_\_\_

2. The above-named decedent died a domiciliary of \_\_\_\_\_  
(County/State/Country)

on \_\_\_\_\_.

3. Letters of Administration were issued by this court on \_\_\_\_\_

to \_\_\_\_\_.

4. (a) The status of the administration of the estate, and tasks which remain to be completed are:

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

4. (b) The reason your petitioning Administrator seeks to resign is:

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

5. Letters of Administration d.b.n. should be granted to the following person(s), who is (are) eligible for and entitled to such letters [see SCPA 707; 1001; 1007], to complete the administration of the estate:

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

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

\_\_\_\_\_  
(County) (State) (Zip Code) (Telephone Number) (Email Address)

Interest/Relationship: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Is proposed Administrator d.b.n. an attorney? [ ] Yes [ ] No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of Attorney-Fiduciary).]

[Attach rider if space is needed to fit more than one proposed Administrator d.b.n.]

[Note: For Items 6(a) through 6(c): Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

6. (a) The total estimated gross value of the decedent's personal property passing by intestacy and in need of administration is less than. . . . . \$ \_\_\_\_\_.

A brief general description of each item of personal property is as follows:

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

(b) The total estimated gross value of the decedent's real property in this state, passing by intestacy and in need of administration, which is [ ] improved, [ ] unimproved, is less than. . . . . \$ \_\_\_\_\_.

A brief description of each parcel is as follows:

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

(c) The estimated gross rents receivable on decedent's real property for a period of 18 months is the sum of \$ \_\_\_\_\_.

(d) In addition to the value of the personal property stated in paragraph (6) 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 therein: **[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 EPTL 5-4.4]

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office addresses and citizenship are as follows:

**[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is predeceased, 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 a non-marital person, attach a copy of the order of filiation 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.]**

7. (a) 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	Citizen of

7. (b) The following are infants and/or persons under disability: **[Attach applicable Schedule A, B, C and/or D]**

Name	Relationship	Domicile and Mailing Address	Citizen of

7. (c) The following distributees have died after decedent's death (post-deceased): **[Attach Schedule D(a)]**

Name	Relationship	Last Domicile (permanent address)	Date of Death

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

9. There are no outstanding debts or funeral expenses, except: [Write "NONE" or itemize]

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

**WHEREFORE**, your petitioner(s) respectfully prays that process issue to all necessary parties to show cause why the court should not: **[Check and complete all relief requested]**

a. Permit \_\_\_\_\_  
to resign and proceed to the settlement of his/her account as Administrator in accordance  
with the direction of the court, and revoke his/her letters of administration;

b. Grant Letters of Administration d.b.n. to \_\_\_\_\_  
or to such other person or persons having a prior right as may be entitled thereto, and  
 that a bond be dispensed with and I hereby specifically release any claim I might  
have under a bond that may be filed, or  
 that a bond in the amount of \$ \_\_\_\_\_ be filed;

c. Issue an order 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 whose names or whereabouts are unknown and cannot be ascertained [see SCPA 1003(4)];

d. That the authority of the representative under the foregoing Letters be limited with respect  
to the prosecution 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:  
\_\_\_\_\_  
\_\_\_\_\_

f. **[State any further relief requested]**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

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

**VERIFICATION**

**[For use by resigning petitioner and any co-petitioner who does not seek to be appointed administrator d.b.n.]**

**STATE OF** )  
**COUNTY OF** ) **ss:**

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

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.

\_\_\_\_\_  
(Signature of Petitioner)

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

Sworn to before me this

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

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

Signature of Attorney: \_\_\_\_\_  
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

**COMBINED VERIFICATION, OATH AND DESIGNATION**  
**[For use by a petitioner who seeks to be appointed Administrator d.b.n.]**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

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

2. **OATH OF ADMINISTRATOR d.b.n.** as indicated above: I am over eighteen (18) years of age and a citizen of \_\_\_\_\_; and I will well, faithfully and honestly discharge the duties of Administrator d.b.n. of the goods, chattels and credits of said decedent according to law. I am not ineligible 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 New York County, and 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: \_\_\_\_\_  
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

**CORPORATE VERIFICATION**  
**[For use by a Bank or Trust Company which is petitioning to resign]**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

The undersigned, a \_\_\_\_\_ of  
(Title)

\_\_\_\_\_  
(Name of Bank or Trust Company)

being duly sworn, say:

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.

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

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

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

Sworn to before me this

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

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

Signature of Attorney: \_\_\_\_\_  
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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



**COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION**  
**[For use by a Bank or Trust Company which is petitioning to be appointed administrator d.b.n.]**

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, 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. **CONSENT:** I consent to accept the appointment as Administrator d.b.n. 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 New York County, and 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who duly sworn 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: \_\_\_\_\_  
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

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

**PROCEEDING FOR**

Estate of

a/k/a

Deceased.

**SCHEDULE A  
NON-MARITAL PERSONS  
(PERSONS BORN OUT OF WEDLOCK)**

[NOTE: Non-marital 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 Non-marital 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 NEW YORK**

**PROCEEDING FOR**

Estate of

a/k/a

Deceased.

**SCHEDULE B  
ISSUE OF THE DECEDENT  
WHO WERE THE SUBJECT  
OF AN ADOPTION**

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 NEW YORK**

**PROCEEDING FOR**  
Estate of

**X**

**SCHEDULE C  
INFANTS**

a/k/a

Deceased.

**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 NEW YORK**

\_\_\_\_\_  
X

**PROCEEDING FOR**

Estate of

a/k/a

Deceased.

\_\_\_\_\_  
X

**SCHEDULE D  
PERSONS UNDER DISABILITY  
OTHER THAN INFANTS**

[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]

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

\_\_\_\_\_X

**PROCEEDING FOR**

Estate of

**SCHEDULE D(a)  
DISTRIBUTEE WHO  
POST-DECEASED DECEDENT**

a/k/a

Deceased.

\_\_\_\_\_X

1. Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

Last permanent address (domicile) \_\_\_\_\_

*(Attach photocopy of death certificate)*

2. Is there a court-appointed fiduciary (Executor, Administrator, Personal Representative) for this person's estate?

Yes \_\_\_\_\_ [complete 3(a), skip 3(b)]

No \_\_\_\_\_ [complete 3(b), skip 3(a)]

3(a). Name of Fiduciary	Address	Citizenship	Court
_____	_____	_____	_____
_____	_____	_____	_____

*(Attach Letters/Certificate of Appointment: Court certified copy if fiduciary is petitioner, photocopy if not)*

3(b). List the post-deceased person's distributees (heirs):

Name	Address	Citizenship	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***(If seeking that a bond be dispensed with or reduced, file waivers and consents [form A-8] by persons in 3(a) or 3(b). If not, serve them with Notice of Application [form A-3].***

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

\_\_\_\_\_X

**Proceeding for Permission to Resign as Administrator  
and Appoint an Administrator d.b.n.**

**WAIVER AND CONSENT**

Estate of

a/k/a

\_\_\_\_\_X **Deceased.** File No. \_\_\_\_\_

The undersigned, being of full age and sound mind, having an interest in this proceeding, hereby appears and waives the issuance and service of citation in this proceeding, and consents that the court

Permit \_\_\_\_\_ to resign and proceed to the settlement of his/her account as Administrator in accordance with the direction of the court, and revoke his/her letters of administration; and

Grant Letters of Administration d.b.n. to \_\_\_\_\_ or to such other person or persons having a prior right as may be entitled thereto, and consents

- that a bond be dispensed with and hereby specifically release any claim I might have under any bond that may be filed; or
- that a bond in the amount of \$ \_\_\_\_\_ be posted.

[State any further relief consented to]

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

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

**STATE OF**  
**COUNTY OF** ss.:

On \_\_\_\_\_, 2\_\_\_\_, 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.

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

\_\_\_\_\_  
Name of Attorney  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No.

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

**Surrogate's Court - New York County**  
**Citation**  
THE PEOPLE OF THE STATE OF NEW YORK

TO:

A petition having been filed by \_\_\_\_\_  
who is/are domiciled at \_\_\_\_\_

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, New York County, at  
31 Chambers Street, New York, New York, on \_\_\_\_\_, 20\_\_\_\_, at 10:00 a.m.,  
in Room \_\_\_\_\_, why, in the estate of \_\_\_\_\_, lately  
domiciled at \_\_\_\_\_,  
the court should not permit \_\_\_\_\_  
to resign and proceed to the settlement of his/her account as Administrator in accordance with the  
direction of the court, revoke his/her letters of administration, and grant letters of administration d.b.n. to  
\_\_\_\_\_  
or to such other person as may be entitled thereto.

[State any further relief requested]

Dated, Attested and Sealed,  
\_\_\_\_\_, 20\_\_\_\_  
(Seal)

Hon. \_\_\_\_\_  
Surrogate  
\_\_\_\_\_  
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.**