

**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**

PROCEEDING FOR _____X

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**

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

WAIVER AND CONSENT

Estate of

a/k/a

Deceased. **File No.** _____
_____X

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.