

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

VOLUNTARY ADMINISTRATION, Estate of

Deceased.

RENUNCIATION OF VOLUNTARY
ADMINISTRATION
(as of 11/2019)

File No. _____

TO THE SURROGATE'S COURT:

The undersigned, whose domiciliary address is

(Street Address) (City/Town/Village) (State) (Zip)

Mailing Address _____
(If different from domicile)

being of full age and [check and complete]

[] a distributee of the above-named decedent and related as a

(state relationship)

[] a fiduciary or legatee named in the decedent's will dated _____

hereby personally appears herein and renounces all right to act as voluntary administrator of the goods, chattels and credits of the decedent.

(Renouncing Party)

(Print Name)

STATE OF _____)
) ss.:
COUNTY OF _____)

On the _____ day of _____, 20____, before me personally came _____, known to me to be the individual described in and who executed the foregoing instrument, and to me such person duly acknowledged that he/she executed the same.

Notary Public

My commission expires: _____

Signature of Attorney: _____

Print Name of Attorney: _____

Firm Name: _____ Tel. No. _____

Address of Attorney: _____