

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

ADMINISTRATION PROCEEDING, ESTATE OF

**AFFIDAVIT OF
ASSETS AND LIABILITIES**
(Required when estate assets exceed \$50,000)

a/k/a

Deceased

File No. _____

**STATE OF
COUNTY OF**

I, the undersigned, being duly sworn, depose and say that to the best of my knowledge the approximate value of the assets, debts, and other liabilities of the decedent's estate are as follows:

Assets/Values (Include assets in decedent's name alone, without a joint owner or designated beneficiary):

Debts and Other Liabilities (If more space is needed, attach additional sheets): (State amounts due or "None")

1. Current and back rents or charges due on any lease or apartment: _____
2. Amount of outstanding mortgages or notes: _____
3. Amount of judgments held against the decedent or decedent's estate: _____
4. Liability on any bond on which the decedent was a party: _____
5. Federal, New York State, and local income taxes due: _____
6. Real estate taxes due: _____
7. Federal and New York State estate taxes due (if exempt, state so): _____
8. Amount of outstanding doctor, hospital, nursing home, and medical bills due: _____
9. Amount of funeral expenses paid (**submit copy of paid funeral bill or paid receipt**): _____
10. Amount of funeral expenses still outstanding: _____
11. Amount of public assistance the decedent received during his/her lifetime: _____
12. a) At the time of death, was the decedent engaged in any business? Yes [] No []
b) Amount of outstanding business liabilities: _____
13. Amount of miscellaneous expenses payable by the estate: _____

► **The court decides whether to require a bond and the amount, or dispense with a bond when the decree appointing an administrator is signed (form A-6). Factors include whether non-petitioning distributees consented to the petitioner's appointment and that a bond be dispensed with (form A-8), and the type and value of the above-listed assets and liabilities (see SCPA 801, 805).**

Sworn to before me on

_____, 20_____

Signature

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

Print Name