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

In the Matter of the Application for a Search of an Apartment, in the Estate of

PETITION TO SEARCH APARTMENT

a/k/a		Deceased.	File No		
TO THE SURROGATE'	S COURT, COUNT	Y OF NEW YORK:			
It is respectfully alleged:					
1. The petitioner's name ar	nd permanent address	are as follows:			
Name:					
Permanent address:	(Street Address)	(City/Town/Village)	(County) (State) (Zip	(Teleph	none No.)
2. The petitioner is [] an [] a d	Executor named in desirributee (heir) of the		oy], or		
3. The decedent's name, da	ate of death, and pern	nanent address are as f	ollows:		
Name:			Date of death:_		
Permanent address:	(Street Address)	(City/Town/Village)	(County)	(State)	(Zip)
Group 3: brothers, sisters, Group 5: aunts, uncles, ch	-		oup 4: grandparen Relations		
5. The decedent had an apa The petitioner believes that or a cemetery deed or instru- contents of the apartment, a permit petitioner and/or his	t a Will, an insurance actions respecting de and requests that an control for her agent(s):	cedent's burial may be order be made directing	inside the apartme g the person in char	nt, or does n ge of said pr	not know the remises to
to examine the apartment to determine the value of the may be removed from the a 2) an insurance policy on the second sec	o determine whether estate for any subsequant pursuant to	uent application to the the order except: 1) a	court. Petitioner un Will, which shall b	nderstands the deposited	hat nothing in this court,

beneficiary, or 3) a cemetery deed or instructions respecting decedent's burial, which shall be given to the person(s) named in the order.

6. There is no fiduciary acting to adm	ninister decedent's estate purs	uant to an order or decree of this court.		
7. No prior application has been mad	e for the relief requested here	in.		
Date:	_	Signature of Petitioner		
STATE OF COUNTY OF)) ss:	Signature of 1 entioner		
COUNTY	<i>)</i> 33.			
Ι,		, being duly sworn, says:		
		ow the contents thereof, and the same is true of leged upon information and belief, and as to those		
		Signature of Petitioner		
Sworn to before me this day of	, 20			
Notary Public Commission Expires: (Affix Notary Stamp or Seal)				
If represented by an attorney:				
Signature of Attorney:	(As required by Part 130 of the I	Rules of the Chief Administrator)		
Print Name:_		Address:		
Firm Name:				
Address:				