STATE OF NEW YORK

SURROGATE'S COURT　　　　**COUNTY OF BROOME**

| Voluntary Accounting Proceeding Estate of

_____ Deceased | **PETITION**
SCPA 2203

File No. _____ |

TO THE SURROGATE'S COURT, COUNTY OF BROOME:

It is respectfully alleged:

(1) The name and residence of the petitioner, the type of letters which were issued to the petitioner, the date upon which such letters were issued, and the amount of petitioner's bond, if any, are as follows:

Name of Petitioner _____

Residence of Petitioner _____
　　　　　　　　　　　　　　　　　　(Street)

_____
　　　(City or Village)　　　　　　　　　　　(State)

Type of Letters Issued _____

Date Letters Issued _____　　**Amount of Bond $** _____

(2) The name and residence at the time of death, and the date of death in the case of a decedent, or the name and residence and the date of birth in the case of an infant are as follows:

Name of Decedent/Infant _____

Residence of Decedent/Infant _____
　　　　　　　　　　　　　　　　(City, Town or Village)　　　　　(State)

Date of Death/Birth _____

(3) The status relating to taxes is as follows: _(Check one)_
　☐ All taxes have been paid.
　☐ No taxes were due.

(4) The petitioner has fully accounted and made full disclosure in writing of the administration of the estate to all interested parties hereinafter set forth.

(5) The application of the petitioner is proper at this time because (Check appropriate reason)

　(a) In the case of an executor or administrator:
　　☐ Letters issued have been revoked.
　　☐ The time for creditors to present claims has expired and all administration expenses and known debts of the decedent have been paid.

　(b) In the case of a testamentary trustee:
　　☐ The trust has been fully executed.
　　☐ The trust has NOT been fully executed.

　(c) In the case of a guardian:
　　☐ The infant has reached the age of 18 years.
　　☐ The infant has died.

(6) The names and post-office addresses of all persons and parties interested in this proceeding are as follows:

Name	P. O. Address	Nature of Interest

(7) No prior application has been made to this or any other court for the relief herein requested.

WHEREFORE the petitioner prays for a decree releasing and discharging him as said representative as to the interested parties filing instruments approving the account and releasing and discharging the petitioner.

Dated _____ _____   _____
                                                        (Signature of Petitioner)

———————————— VERIFICATION ————————————

STATE OF NEW YORK
COUNTY OF BROOME ss.

I, the undersigned petitioner, being duly sworn, depose and say: That I have read the foregoing petition subscribed by me and know the contents thereof, and that the same is true of my own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters I believe it to be true.

Sworn to before me _____, _____

_____   _____
        (Notary Public)   (Signature of Petitioner)

PRESENT: JOHN M. THOMAS, SURROGATE

IN THE SAME MATTER

At a Surrogate's Court, held in and for the County of Broome, at the Surrogate's Office in the City of Binghamton, N.Y., on the date below indicated.

Upon reading and filing the aforesaid petition and the instruments executed by the interested parties approving the account and releasing and discharging the petitioner, it is

ORDERED AND DECREED that the petitioner herein and the sureties on the bond, if any, be released and discharged from any further liability to the interested parties who have filed the instruments mentioned aforesaid.

Dated _____ _____   _____
                                                        (Surrogate)

STATE OF NEW YORK
SURROGATE'S COURT : COUNTY OF BROOME

Voluntary Accounting Proceeding Estate/Guardianship of	APPROVAL OF ACCOUNT RELEASE AND DISCHARGE OF REPRESENTATIVE SCPA 2203

File No. _____

The undersigned, being of full age and entitled to share in the estate/guardianship described below, acknowledges **FULL PAYMENT AND RECEIPT** of the share in such estate/guardianship to which the undersigned was entitled, in the amount and manner shown below:

Estate/Guardianship of _____

Payment Made by: _____

In Capacity of _____

Amount of Payment _____**Dollars ($** ____ **)**

Purpose of Payment: IN FULL OF (Check proper designation)
    [ ] undersigned's gift under decedent's will; or
    [ ] undersigned's distributive share in decedent's estate; or
    [ ] undersigned's property payable on attaining majority; or
    [ ] other _____

In consideration of such payment, the undersigned hereby: **(1) Releases and Discharges** forever the representative(s) above named of and from all responsibility and liability of every nature to the undersigned by reason of any and all matters relating to, or derived from, said estate/guardianship and its administration; and **(2) Requests and Empowers** the Surrogate of Broome County, upon filing this instrument in writing, to make and enter the proper decree finally releasing and discharging the said representative(s) as to the undersigned; and **(3) Approves** the account of said representative(s), as presented in writing to the undersigned.

<div align="right">

This is a Full Receipt, Release and Approval
Read Before Signing!

</div>

Dated:_____   _____
                                           (Sign here)

INDIVIDUAL ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF BROOME   ss:

On _____ 19____ before me personally came

_____

to me personally known to be the same person described in and who executed the foregoing instrument and to me such person duly acknowledged that he or she executed the same.

_____
(Notary Public)

CORPORATE ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF BROOME   ss:

On _____ 19____ the deponent below named came personally before me, and such deponent, being personally known to me and being duly sworn by me, deposed and said:

(1) Deponent's name is _____

(2) Deponent resides at _____
                              (Street)   (City or town and state)

(3) Deponent is _____ **of** _____
                       (Title)   (Name of corporation)

(4) Such corporation is the corporation described in and which executed the above instrument; that the seal affixed to said instrument is the seal of such corporation; that said seal was so affixed by order of the Board of Directors of such corporation; and that deponent's name was signed thereto by like order.

_____
(Notary Public)

STATE OF NEW YORK
SURROGATE'S COURT : COUNTY OF BROOME

Voluntary Accounting Proceeding Estate/Guardianship of _____	**WAIVER TO SETTLEMENT OF ACCOUNT SCPA 2203 (SURETY)**

_____

The undersigned, being the surety on the bond of the fiduciary representative/guardian named below hereby personally appears in the Surrogate's Court of Broome County and

(1) **ACKNOWLEDGES** the receipt of a copy of the summary statement of the account; and

(2) **UNDERSTANDS** that I may request a copy of the Informal Account from the fiduciary representative/attorney for the Estate or the guardian; and

(3) **CONSENTS** that _____
(Name of Representative/Guardian)

as_____ be released and discharged; and
(Capacity Executor/Administrator/Guardian)

(4) **REQUESTS AND EMPOWERS** the Surrogate of Broome County, upon filing this Instrument in writing, to make and enter the proper decree and finally releasing and discharging the above named representative(s)/guardian(s) and the Surety.

Dated:_____   _____

                                         _____

CORPORATE ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF BROOME ss:

On _____ the deponent below named came personally before me, and such deponent, being personally known to me and being duly sworn by me, deposed and said:

(1) Deponent's name is _____

(2) Deponent resides at _____

(3) Deponent is _____ **of** _____
                            (Title)   **(Name of Corporation)**

(4) Such corporation is the corporation described in and which executed the above instrument; that the seal affixed to said instrument is the seal of such corporation; that said seal was so affixed by order of the Board of Directors of such corporation; and that deponent's name was signed thereto by like order.

                                        _____
                                        (Notary Public)

                                        Commission Expires _____