

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

IN THE MATTER OF THE CLOSING OF THE ESTATE OF

AFFIDAVIT BY FIDUCIARY

File No: _____

DECEASED

STATE OF NEW YORK)
COUNTY OF _____) SS:.

_____, being duly sworn, deposes and says:

1. I am the estate fiduciary (executor, administrator, administrator cta).
2. I am familiar with the facts and circumstances concerning the administration of the estate.
3. Letters were issued by the court to me on _____.
4. More than 7 months have passed since the issuance of Letters (see SCPA 1802); (if less than 7 months, explain)
5. An Inventory of Assets form has been filed pursuant to Uniform Rule 207.20 and all filing fees have been paid.
6. An investigation has been made into all taxable transfers made by the deceased and the value of all assets in which the deceased had an interest. *[check appropriate statement below]*
 An estate tax return or returns were filed, all taxes assessed against the estate were paid, and a tax receipt or discharge from liability letter is on file with the court.
 No estate tax return (state or federal) was filed. The value of the gross estate is less than the applicable thresholds for filing such tax returns.
7. All debts, claims, funeral and administration expenses (including attorney's fees) have been paid and a final distribution of all estate assets has been made to the persons or parties entitled thereto. ***{Give detailed explanation if this statement cannot be made}.***
8. A Receipt and Release, from every non-residuary legatee, residuary legatee, distributee (in cases of intestacy) and every other interested person is being filed with this Affidavit.
9. To my knowledge all matters involving the estate have been completed.
10. I understand that closing the estate in this manner will NOT result in a decree from the court, however, the estate will be closed based on these filings. If additional estate assets are discovered in the future, I will contact the court to open the estate and administer the assets.

Signature of Fiduciary

Sworn to before me this _____ day of _____, 20____.

Notary Public
Commission Expires:
(Affix Stamp or Seal)