

SURROGATE'S COURT
STATE OF NEW YORK COUNTY OF DELAWARE

In the Matter of the Estate of

AFFIDAVIT TO
REOPEN ESTATE

File No. _____

_____, being duly sworn, deposes and says:

A probate/administration proceeding was commenced in this matter and Letters Testamentary/Letters of Administration were issued to me on _____.

Said estate was closed on _____.

Since the closing of the estate I have been notified of an additional estate asset which consists of _____.

_____.

Upon collection of the asset I will distribute the funds in accordance with the Last Will and Testament and/or EPTL 4-1.1.

In the event any additional court fees or estate taxes become due and owing I will be responsible for them. I will then file an Amended List of Assets and reclose the estate.

WHEREFORE, your deponent respectfully requests that this court reopen the above estate and issue a current certificate of Letters Testamentary/Letters of Administration.

Date:

Signature

Sworn to before me this

_____ day of _____, 20 ____

Notary Public

My commission expires on:

COMBINED OATH AND DESIGNATION
[For use when the petitioner is an individual]

STATE OF _____ }
COUNTY OF _____ } ss:

I, the undersigned, being duly sworn, says:

OATH OF [] EXECUTOR [] ADMINISTRATOR as indicated above: I am over eighteen years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of fiduciary of the goods, chattels and credits of the decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I designate the Chief Clerk of the Cortland County Surrogate's Court as a person on whom service of any process issuing from such court may be made, in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York, after due diligence used.

My domicile is: _____ :

Street address:

City/Town/Village:

State: _____ Zip: _____

(Signature)

(Print Name)

On _____, 20__ before me personally came

to me known to be the person(s) described in and who executed the foregoing instrument. Such person(s) duly swore to such instrument before me and duly acknowledged that he/she executed the same.

(Notary Public)

My commission expires on:

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

In the matter of the Estate of

NOTICE TO RE-OPEN
ESTATE

File No.

1. NOTICE is hereby given that an affidavit to reopen estate with the Surrogate's Court of Cortland County, New York because I have been discovered the following additional estate asset(s):

2. The name and address of each residuary beneficiary or distributee* of the estate are as follows:

Name

Mailing Address

(use additional sheets if necessary)

Date: _____

* If any beneficiary/distributee died after the decedent - please provide date of death and the name & address of his/her estate representative (with proof of appointment), or if none, the name & address of his/her spouse and children.

AFFIDAVIT OF MAILING OF NOTICE TO REOPEN ESTATE

STATE OF _____
COUNTY OF _____:SS:

_____, residing at _____,
being duly sworn, says that he/she is over the age of 18 years, that on ____ day of _____, he/she
deposited in the post office box regularly maintained by the government of the United States in the
_____ of _____, State of _____, a copy of the Notice to Reopen
Estate contained in a securely closed postpaid wrapper directed to each of the persons named in said
Notice at the places set opposite their respective names.

Signature

Print Name

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

Notary Public