

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

IN THE MATTER OF THE SETTLEMENT OF THE ESTATE OF

AFFIRMATION BY ATTORNEY

_____, DECEASED

FILE NUMBER _____

_____, an attorney admitted to practice in the courts of this state, affirms pursuant to CPLR § 2106 as follows:

1. I am the attorney (a member of the firm of _____ attorneys) representing the fiduciary or fiduciaries of the above captioned estate.
2. I am familiar with the facts and circumstances concerning the administration of the above estate.
3. Letters were issued by the court 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, or is filed with this affirmation.
 No estate tax return (state or federal) was filed. The value of 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 organizations 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 Affirmation.
9. To the best of my knowledge all matters involving the administration of 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.

Dated:

Attorney at Law

ATTORNEY

Name:
Address:
Tel. No.:

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)

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

ACCOUNTING BY _____ X

RECEIPT AND RELEASE
(Informal Settlement - SCPA
2202)

File No. _____

as the _____

of the ESTATE OF _____

a/k/a _____

Deceased.

_____ X

The undersigned, being of full age, sound mind and under no disability, and entitled to share in the estate of the above named decedent as a [check one] legatee under a will, distributee of an intestate share, trust beneficiary, creditor of the estate, other [specify]

- (a) Acknowledges that each fiduciary named above has fully and satisfactorily accounted for all assets of the estate;
- (b) Approves the written account verified on _____, 20__ as submitted to the undersigned;
[Delete paragraphs (a) and (b) if the undersigned is not interested in or affected by the amount of the residuary estate or trust, or if being made pursuant to a decree of the court.]
- (c) Acknowledges receipt of money paid or property transferred or delivered as follows:

money (cash or check): \$ _____

the following property: valued at \$ _____

The following payment and/or transfer is in full payment or distribution of :

- a legacy under Paragraph/Article _____ of the will or trust;
 a claim against the estate;
 the amount directed to be paid by a decree of this court dated:
 other [specify]:

- (d) Releases and discharges each fiduciary named above from all liability to the undersigned for any and all matters relating to or derived from the administration of the estate as disclosed in the account as set forth herein.

Dated: _____

(Signature)

(Corporate Name)

(Print Name)

(Signature of Officer)

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

On _____, 20____, before me personally appeared

[INDIVIDUAL]

_____ to me known and known to me to be the person

described in and who executed the foregoing receipt and release and duly acknowledged the execution thereof.

[CORPORATION]

_____ to me known, who duly swore to the foregoing instrument and who did say that he/she resides at _____ and that he/she is a _____ of _____ the corporation/national banking association described in and which executed such instrument; and that he/she signed his/her name thereto by order of the Board of Directors of the corporation.

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

Name of Attorney: _____

Tel. No.: _____

Address of Attorney: _____