For Office Use Only

Filling Fee Paid $ _____

_____ Certs $ _____

$ _____ Bond, Fee: _____

Receipt No: _____ No: _____

DO NOT LEAVE ANY ITEMS BLANK

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

----------X

ADMINISTRATION PROCEEDING,
Estate of _____

a/k/a _____

Deceased

----------X

PETITION FOR LETTERS OF:

( ) Administration
( ) Limited Administration
( ) Administration with Limitations
( ) Temporary Administration

File No. _____

TO THE SURROGATE'S COURT, COUNTY OF _____

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Name: _____

Domicile: _____
(Street Address) (City/Town/Village)

_____
(County) (State) (Zip) (Telephone Number)

Mailing address is: _____
(if different from domicile)

Citizenship (check one): ( ) U.S.A. ( ) Other (specify) _____

Interest of Petitioner (check one):

( ) Distributee of decedent (state relationship) _____

( ) Other (specify) _____

Is proposed Administrator an attorney? ( ) Yes ( ) No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows: [**The Death Certificate must be filed with this proceeding.** If the decedent's domicile is different from that shown on the death certificate, check box and attach an affidavit explaining the reason for this inconsistency.]

Name: _____

Domicile: _____
(Street Number) (City, Village/Town)

_____
(State) (Zip Code)

Township of: _____ County of: _____

Date of Death: _____ Place of Death: _____

Citizenship: (check one): ( ) U.S.A. ( ) Other (specify)

[Note: For Items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3.(a) The estimated gross value of the decedent's personal property passing by intestacy is less than

$_____

(b) The estimated gross value of the decedent's real property, in this state, which is ( ) improved, ( ) unimproved, passing by intestacy is less than $_____

A brief description of each parcel is as follows:

_____

(c) The estimated gross rent for a period of eighteen (18) months is the sum of $_____

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: **[Write "NONE or state briefly the cause of action and the person against whom it exists, including names and carrier].** _____

_____

_____

_____

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here and furnish names(s) and address(es) of parent(s) in Paragraph 7. See EPTL 5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) (has) (have) been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2:

a. ( ) Spouse (husband/wife).

b. ( ) Child or children or descendants of predeceased child or children. **[Must include marital, nonmarital and adopted].**

c. ( ) Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).

d. ( ) Mother/Father.

e. ( ) Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.

f. ( ) Grandmother/Grandfather.

g. ( ) Aunts or uncles, and children of predeceased aunts and uncles (first cousins).

h. ( ) First cousins once removed (children of first cousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State **"number"** of survivors in each class. Insert **"No"** in all prior classes. Insert **"X"** in all subsequent classes].

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office address and citizenship are as follows:

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death, and relationship of the ancestor to the decedent. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.16(b).
If any person listed in paragraph (7) is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].

7a. The following are of full age and under no disability: [If nonmarital or adopted-out person, so indicate by attaching Schedule A and/or B]

Name	Relationship	Domicile and Mailing Address	Citizenship

7b. The following are infants and/or persons under disability: [Attach applicable Schedule A, B, C, and/or D]

Name	Relationship	Domicile and Mailing Address	Citizenship

8. There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

_____
_____
_____
_____
_____
_____
_____
_____

9. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested]

(☐) a. process issue to all necessary parties to show cause why letters should not be issued as requested;

(☐) b. an order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are non-domiciliaries or whose names or whereabouts are unknown and cannot be ascertained;

(☐) c. a decree award Letters of:

(☐) Administration to _____

(☐) Limited Administration to _____

(☐) Administration with Limitation to _____

(☐) Temporary Administration to _____

or to such other person or persons having a prior right as may be entitled thereto, and;

(☐) d. That the authority of the representative under the forgoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.

(☐) e. That the authority of the representative under the foregoing Letters be limited as follows:

_____
_____
_____
_____
_____
_____

f. [State any other relief requested.] _____
_____

Dated: _____

1. _____
(Signature of Petitioner)

_____
(Print Name)

2. _____
(Signature of Petitioner)

_____
(Print Name)

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

COMBINED VERIFICATION, OATH AND DESIGNATION
[For use when petitioner is to be appointed administrator]

I, the undersigned the petitioner named in the foregoing petition, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said 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.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of _____ County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's 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/Number) (City, Village/Town) (State) (Zip)

_____
Signature of Petitioner

On the_____ day of _____, 20____, before me personally came

_____

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

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

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel. No.:_____

Address of Attorney:_____

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

PROCEEDING FOR
Estate of _____

a/k/a _____

Deceased.
----------X

SCHEDULE A
NONMARITAL PERSONS
(PERSONS BORN OUT OF WEDLOCK)

File # _____

[NOTE: Nonmarital children (or their issue) who would be distributees if they (or their ancestors) were born in wedlock will not be regarded as distributees unless satisfactory proof is submitted establishing paternity]. See EPTL 4-1.2 which sets forth methods of establishing paternity.

Name of alleged distributee: _____

Date of birth: _____ Relationship to decedent: _____

Name of father: _____

Name of mother: _____

Does the birth certificate contain the father's name? Yes ( ) No ( )

If yes, attach copy of birth certificate.

Has an order of filiation establishing paternity been entered?
Yes ( ) No ( ) If yes, attach copy of order.

Did the nonmarital person live with his or her father? Yes ( ) No ( )

If yes, give dates and places of residence: _____

_____

_____

File # _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
PROCEEDING FOR
Estate of _____

a/k/a _____

Deceased.
----------X

SCHEDULE B
ISSUE OF THE DECEDENT
WHO WERE THE SUBJECT
OF AN ADOPTION

Name of child: _____

Relationship to decedent prior to adoption: _____

Date of adoption: _____

Was this a step-parent adoption? (i.e., was the child adopted by the spouse of the decedent's former spouse?)
Yes ( ) No ( )

If yes, name of adoptive father or mother: _____

If not a step-parent adoption, indicate below the biological relationship of the adoptive parent to the child:

( ) grandparent(s)

( ) brother or sister

( ) aunt or uncle

( ) first cousin

( ) nephew or niece

Name of the adoptive parent: _____

File # _____

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

PROCEEDING FOR
Estate of _____

a/k/a _____

Deceased.

----------X

SCHEDULE C
INFANTS

[NOTE: Please furnish all of the information requested, otherwise the petition may be rejected.]

Name: _____ Date of birth: _____

Relationship to the decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of Father: _____ Is he alive? _____

Does infant have a court-appointed guardian? Yes ( ) No ( )

If yes, name and address of guardian: _____

_____

Name: _____ Date of birth: _____

Relationship to the decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of Father: _____ Is he alive? _____

Does infant have a court-appointed guardian? Yes ( ) No ( )

If yes, name and address of guardian: _____

_____

File # _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
PROCEEDING FOR
Estate of _____

a/k/a _____

Deceased.
----------X

SCHEDULE D
PERSONS UNDER DISABILITY
OTHER THAN INFANTS

[use additional sheets if more than one]

1. Name: _____ Relationship: _____

   Residence: _____

   With whom does this person reside? _____

   If this person is in prison, name of prison: _____

   Does this person have a court-appointed fiduciary? Yes ( ) No ( )

   If yes, give name, title and address: _____

   _____

   If no, describe nature of disability: _____

   _____

   If no, give name and address of relative or friend interested in his or her welfare:

   _____

2. Whereabouts unknown/Unknowns [persons whose addresses or names are unknown to petitioner; if known, give name and relationship to decedent]

_____
_____
_____
_____
_____
_____
_____
_____
_____

ADMINISTRATION CITATION

File No. _____

SURROGATE'S COURT - _____ COUNTY

CITATION

THE PEOPLE OF THE STATE OF NEW YORK,
By the Grace of God Free and Independent,

TO _____

_____

_____

_____

_____

A petition having been duly filed by _____, who is domiciled at _____

_____

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, _____

County, at _____, New York, on _____, 20

at _____ o'clock in the _____ noon of that day, why a decree should not be made in the estate of

_____

_____

lately domiciled at _____

in the County of _____, New York, granting Letters of Administration upon the estate of

the decedent to _____ or to such other person as may be entitled thereto.

(State any further relief requested)

_____

_____

_____

Dated, Attested and Sealed,

HON. _____
Surrogate

_____, 20 _____
(Seal)

_____
Chief Clerk

Name of
Attorney for Petitioner _____ Tel. No. _____

Address of Attorney _____

Note: This citation is served upon you as required by law. You are not required to appear. If you fail to appear it will be assumed you do not object to the relief requested. You have a right to have an attorney-at-law appear for you.

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
ADMINISTRATION PROCEEDING
Estate of _____

a/k/a _____
Deceased.
----------X

NOTICE OF APPLICATION FOR
LETTERS OF ADMINISTRATION
(SCPA 1005)

File No. _____

Notice is Hereby Given That:

(1) an application for Letters of Administration upon the estate of the above-named decedent, has been made by _____, petitioner, whose post office address is: _____

(2) each and every name of the intestate decedent known to the undersigned is as indicated in the above caption.

(3) petitioner prays that a decree be made directing the issuance of Letters of Administration to _____

(4) the name and post office address of each and every distributee of the above-named decedent, as set forth in the petition and known to the undersigned, are as follows:

(a) Distributees who have been duly cited, have waived citation or have appeared in this proceeding:

Name of Distributee	Domicile and Post Office Address

(b) Other Distributees;

Name of Distributee	Domicile and Post Office Address

[CONTINUE ON REVERSE SIDE IF MORE SPACE NEEDED]

(5) That the undersigned does not know of any other distributees of the said decedent.
(6) That Letters of Administration will issue on or after _____, 20 _____

Dated: _____, 20

_____
Signature of Petitioner or Attorney

_____
Attorney for Petitioner

_____
Print Name

_____
Address (Office)

_____
Address

Tel No. _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
ADMINISTRATION PROCEEDING
Estate of _____

a/k/a _____
Deceased.
----------X

AFFIDAVIT OF MAILING
NOTICE OF APPLICATION FOR
LETTERS OF ADMINISTRATION
(SCPA 1005)

File No. _____

STATE OF NEW YORK
COUNTY OF _____ss.:

_____, residing at_____, New York, being duly sworn, deposes and says that deponent is over the age of eighteen years; that on_____, 20____, deponent mailed a copy of the foregoing Notice of application for Letters of administration, contained in a securely closed postpaid wrapper, directed to each of the persons named in paragraph 4(b), respectively, as follows:

whose post office address is _____

whose post office address is _____

whose post office address is _____

whose post office address is _____

whose post office address is _____

whose post office address is _____

whose post office address is _____

whose post office address is _____

by depositing the document in a letter box or other official depository under the exclusive care and custody of the United States Post Office, located at:

_____

Sworn to before me this

day of_____,20_____

_____
Signature

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

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
ADMINISTRATION PROCEEDING
Estate of _____

a/k/a _____
Deceased.
----------X

NOTICE TO CONSUL GENERAL

File No. _____

TO THE CONSUL GENERAL OF _____
AT THE CITY OF NEW YORK

PLEASE TAKE NOTICE that a petition (will be) (has been) presented to the Surrogate's Court,_____ County of_____, on_____, 20_____, with respect to the Estate of the above-named decedent and it appears from the petition that:

a. the deceased was a subject of_____ or

b. the following distributees are nonresidents of the United States:

Names	Addresses	Citizenship

_____
Attorney for Petitioner

_____
Address

_____
Telephone No.

STATE OF NEW YORK
COUNTY OF _____ss.:

_____ being duly sworn, says:

That he/she resides at_____, New York; that on the _____, 20 _____, he/she served a copy of the above NOTICE on the Consul General of _____at _____, New York City, by mailing same to the office of the aforesaid Consul.

_____
Signature

Sworn to before me this

day of_____, 20 _____

_____
Notary Public
Commission Expires:
(Affix Stamp and Seal)

At a Surrogate's Court of the
State of New York Held in and
for the County of _____,
at _____ New York
on _____, 20 _____

PRESENT:
HON. _____
Surrogate.

----------X

ADMINISTRATION PROCEEDING
Estate of _____

a/k/a _____

Deceased.

----------X

DECREE APPOINTING
ADMINISTRATOR

File No. _____

A petition having been filed by _____ praying that administration of the goods, chattels and credits of the above-named decedent be granted to_____;

and all persons named in such petition, required to be cited, having been duly cited to show cause why such relief should not be granted or having duly waived the issuance of such citation and consented thereto; and it appearing that

_____ is in all respects competent to act as administrat_____of the estate of said deceased, and a

( ) bond having been filed and approved in the amount of $ _____
( ) bond having been dispensed with

and such representative(s) otherwise having qualified therefore; now, after due deliberation, with no one appearing in opposition thereto, it is

ORDERED AND DECREED that Letters of Administration issue to _____
_____

ORDERED AND DECREED, that the authority of such representative(s) be restricted in accordance with, and that letters herein issued contain, the limitation, if any, which appears immediately below.

_____
Surrogate

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
ADMINISTRATION PROCEEDING
Estate of _____

AFFIDAVIT OF REGULARITY

a/k/a _____
Deceased.

File No. _____

----------X
STATE OF NEW YORK
COUNTY OF _____ ss.:

_____, being duly sworn, deposes and says:

1. That he/she is the attorney for _____, the _____herein.

2. That all the parties to this proceeding have been duly cited or have waived the issuance and service of a citation herein and consented to the entry of a decree or order in the following manner and form:

a. By service of a copy of the citation issued herein upon the following persons in the manner prescribed by SCPA 307(1), as more fully appears by the proof of service thereof, made in the manner and form by law and filed on _____, 20_____.

Name	Address	Date of Service

b. By service pursuant to an order made herein on_____, 20____, under SCPA 307(2), as more fully appears by the proof of service thereof, made in the manner prescribed by law and filed herein on _____, 20_____.

Name	Address	Date of Service

(Parties who waive or consent)

c. By duly executed waivers of the issuance and service of the citation herein and a consent to the entry of a decree or order and filed herein on _____, 20____, by:

Name	Address	Date of Waiver

3. That no notice of appearance has been filed herein, except by _____

4. That all of the persons named above are of full age and are of sound mind, excepting those hereinbefore stated to be otherwise, and comprise all the parties, as deponent verily believes, who have any interest in this proceeding.

_____
Signature

Sworn to before me this_____

day of_____,20 _____

_____
Notary Public
Commission Expires:
(Affix Stamp and Seal)

N.B. Where a person cited is an infant, incarcerated, a mentally ill person, a mentally retarded person, a developmentally disabled person, an alcohol abuser or for any cause is mentally incapable of adequately protecting his/her rights, it must so appear in the foregoing affidavit. The age of the infant also must be stated.

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
ADMINISTRATION PROCEEDING
Estate of _____

a/k/a _____
Deceased.
----------X

WAIVER OF CITATION, RENUNCIATION AND CONSENT TO APPOINTMENT OF ADMINISTRATOR (INDIVIDUAL)

File No. _____

The undersigned, a distributee or creditor of the above named decedent and being of full age and sound mind hereby voluntarily appears in the Surrogate's Court of _____ County, New York and waives the issuance and service of citation in this matter, renounces all right to Letters of Administration of the above captioned estate and consents that

( ) Letters of Administration
( ) Letters of Administration with Limitations
( ) Limited Letters of Administration

be issued to _____
or any other person or persons entitled thereto without any notice whatsoever to the undersigned, and consents

( ) that a bond be dispensed with and hereby specifically release any claim I might have under any bond that may be filed
( ) that a bond in the amount of $ _____ be posted

Date	Signature	Street Address	Relationship
	Print Name	Town/State/Zip	

STATE OF NEW YORK
COUNTY OF _____ss.:

On _____ , 20____, before me personally appeared _____

_____
to me known and known to me to be the person described in and who executed the foregoing waiver and consent and each duly acknowledged the execution thereof.

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

_____
Name of Attorney

_____
Address

_____

_____
Telephone No.

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

ADMINISTRATION PROCEEDING
Estate of _____

a/k/a _____
Deceased.
----------X

WAIVER OF CITATION AND
CONSENT TO APPOINTMENT
OF ADMINISTRATOR
(CORPORATION)

File No. _____

The undersigned corporation, a creditor of the above-named decedent, hereby voluntarily appears in the Surrogate's Court of _____ County, New York, and waives the issuance and service of a citation in this matter and consents that Letters of Administration be issued to _____

_____

or any other person or persons entitled thereto without any notice whatsoever to the undersigned, without furnishing a bond or other security for the faithful performance of the duties of that office and specifically releasing any claim it might have under any bond that may be furnished.

Dated: _____, 20 _____

_____
(Name of Corporation)

By: _____
(Signature of Officer)

_____
(Type Name and Title)

STATE OF NEW YORK
COUNTY OF_____ss.:

On _____ , 20_____, before me personally came

_____

to me known, who being duly sworn did say that: he resides at _____

_____; he is a _____

_____ of _____

_____, the corporation described in and which executed the foregoing waiver and consent; and that he signed the same thereto by order of the board of directors of the corporation.

_____
Name of Attorney

_____
Address

_____
Telephone Number

_____
Notary Public
Commission Expires
(Affix Stamp or Seal)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
ADMINISTRATION PROCEEDING
Estate of _____

a/k/a _____
Deceased.
----------X

Note: File proof of Service at least 3 days before return date. State clearly date, time and place of service and name of person served (Uniform Rule 207.7(c)).

AFFIDAVIT OF SERVICE
OF CITATION (Adult)

File No. _____

STATE OF NEW YORK : COUNTY OF_____ss.:

_____of_____

_____, being duly sworn, says that I am over the age of eighteen years; that I made personal service of the citation herein dated_____, 20_____ on each person named below, each of whom deponent knew to be the person mentioned and described in said citation, by delivering to and leaving with each of them personally a true copy of said citation, as follows:

On_____, description, viz: sex _____, color of skin_____, color of hair_____, approximate age_____, weight _____, height_____, at _____ o'clock _____m. on the _____ day of _____, 20_____, at_____

_____

On _____, description, viz: sex _____, color of skin_____, color of hair_____, approximate age_____, weight _____, height_____, at _____ o'clock _____m. on the _____ day of _____, 20_____, at_____

_____

On _____, description, viz: sex _____, color of skin_____, color of hair_____, approximate age_____, weight _____, height_____, at _____ o'clock _____m. on the _____ day of _____, 20_____, at_____

_____

That none of the aforesaid persons is in the Military Service as defined by the Act of Congress known as the "Soldiers' and Sailors' Civil Relief Act of 1940" and in the New York "Soldiers's and Sailors Civil Relief Act."

_____

Sworn to before me this_____

day of_____, 20_____

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