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

ANCILLARY PROBATE PROCEEDING, WILL OF _____

PETITION FOR ANCILLARY PROBATE

SCPA ARTICLE 16

- Ancillary Letters Testamentary
- Ancillary Letters of Administration c. t. a.
- Without Ancillary Letters

a/k/a _____

a domiciliary of the State of _____

Deceased.

File No. _____

TO THE SURROGATE'S COURT, COUNTY OF _____

It is respectfully alleged:

1. The name, citizenship, domicile (or, in the case of a bank or trust company, its principle office) and interest in this proceeding of the petitioner(s) are as follows:

Name: _____

Domicile or Principal Office: _____

(Street and Number)

(City, Village or Town)

(State)

(Zip Code)

Mailing address: _____

(If different from domicile)

Citizen of: _____

Name: _____

Domicile or Principal Office: _____

(Street and Number)

(City, Village or Town)

(State)

(Zip Code)

Mailing address: _____

(If different from domicile)

Citizen of: _____

Interest (s) of Petitioner (s): [Check one]

Executor(s) named in decedent's will

Creditor

Other (Specify) _____

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:

(a) Name: _____

(b) Date of Death: _____

(c) Place of Death: _____

(d) Domicile: Street _____

City, Town, Village _____

County _____ State _____

(e) Citizen of: _____

3. Decedent left a will in writing dated _____ (and
 codicil dated _____), which was duly admitted to probate on _____
 by the _____ Court, County of _____, State of _____
 being a competent court of the state of the domicile of decedent having jurisdiction thereof, and the will/codicil is not subject
 to contest under the laws of that state.

On _____, letters were issued by the court to _____,
 and the amount of the security given on the original appointment was \$_____. Under the will/codicil a
 bond is is not dispensed with.

[If additional space is needed in Paragraphs 4, 5 and 6, attach addendum.]

4. (a) The will/codicil upon ancillary probate may operate upon property in the State of New York consisting of real
 property and personal property described and valued as follows: [list items and describe briefly, giving location. If space is
 insufficient, attached addendum].

Personal Property	\$ _____
Improved real property in New York State	\$ _____
Unimproved real property in New York State	\$ _____
Estimated gross rents for a period of 18 months	\$ _____
Total	\$ _____

4. (b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the estate,
 except as follows: **[Enter "NONE" or specify]**

Exemplified copies of the will/codicil, the decree admitting the will/codicil to probate, and the letters issued, if any are submitted
 as part of this petition.

5. The names, addresses and interests of all persons entitled to process [(a) New York State Department of Taxation
 and Finance, (b) all domiciliary creditors or domiciliaries claiming to be creditors, and (c) such other persons entitled to letters
 pursuant to SCPA §1604] are as follows:

Name	Address	Nature of Interest Or Amount of Claim
New York State Department of Taxation and Finance	Albany, New York	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The name and address of each domiciliary beneficiary under the will/codicil having an interest in the property in this state is as follows:

(a) Each beneficiary who is of full age and sound mind or which is a corporation or association:

Name	Address	Interest [Refer to Paragraph of Will]
_____	_____	_____

(b) Each beneficiary who is an infant or otherwise under a disability: [State disability and see SCPA §304(3)]

Name	Address	Interest [Refer to Paragraph of Will]
_____	_____	_____

Disability: _____

Disability: _____

7. There are no persons interested in this proceeding other than those herein before mentioned. No previous application for ancillary probate with or without ancillary letters has been made, except _____

WHEREFORE, petitioner(s) pray(s) (a) that process issue to all necessary parties (b) that the Will/Codicil be admitted to ancillary probate and (c) that ancillary letters issue thereon as follows:

Ancillary Letters Testamentary to: _____

Ancillary Letters of administration c.t.a. to: _____

No Ancillary Letters to be issued

(d) [State any other relief requested] _____

Dated: _____

1. _____
(Signature of Petitioner)

(Print Name)

2. _____
(Signature of Petitioner)

(Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

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

ANCILLARY PROBATE PROCEEDING, WILL OF

**COMBINED VERIFICATION
OATH AND DESIGNATION**

a/k/a _____

File No. _____

a domiciliary of the State of _____
Deceased

STATE OF _____X
COUNTY OF _____) ss:

The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:

1. VERIFICATION: I have read the forgoing 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 ANCILLARY Executor Administrator c.t.a.: I am over eighteen (18) years of age and a citizen of the United States; I will well, faithfully and honestly discharge the duties of ancillary executor/administrator c.t.a. under the will. I am not ineligible to receive letters.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the clerk of the Surrogate's Court of _____ County, and his or 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 within the State of New York after due diligence used.

My domicile is _____
(Street Address) (City/Town/Village) (State) (Zip Code)

(Signature Of Petitioner)

(Print Name)

On _____, 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 New York Attorney: _____

Print Name of New York Attorney: _____

Firm Name: _____ Tel. No.: _____

Address of New York Attorney: _____

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

-----X
ANCILLARY PROBATE PROCEEDING, WILL OF

**COMBINED CORPORATE VERIFICATION
CONSENT AND DESIGNATION**

a/k/a _____

File No. _____

a domiciliary of the State of _____
Deceased.

-----X
STATE OF _____)
COUNTY OF _____) ss:

The undersigned, a _____ of
(Title) _____

(Name of Bank or Trust Company)

a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn, says:

1. VERIFICATION: I have read the forgoing 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. CONSENT: I consent to accept the appointment as Ancillary Executor Ancillary Administrator c.t.a. under the will of the decedent described in the foregoing petition and consent to act as fiduciary.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the clerk of the Surrogate's Court of _____ County, and his or 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 within the State of New York after due diligence used.

(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

On _____, before me personally came _____
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.

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

Signature of New York Attorney: _____

Print Name of New York Attorney: _____

Firm Name: _____ Tel. No.: _____

Address of New York Attorney: _____

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

_____ deceased,
lately domiciled at _____
admitting to ancillary probate an exemplified copy of the Will dated _____,
(A Codicil dated _____), as the Will of _____

relating to real and personal property, and directing that

- Ancillary Letters Testamentary issue to: _____
- Ancillary Letters of Administration c.t.a. issue to: _____
- No Ancillary Letters to be issued

(State any further relief requested)

Dated, Attested and Sealed,

HON. _____
Surrogate

(Seal)

Chief Clerk

Attorney for Petitioner

Telephone Number

Address of Attorney

[Note: This 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 appear for you.]

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

-----X
ANCILLARY PROBATE PROCEEDING, WILL OF

NOTICE OF ANCILLARY PROBATE

a/k/a _____

File No. _____

a domiciliary of the State of _____
Deceased

-----X

Notice is hereby given that:

1. An exemplified copy of the Will dated _____ (and Codicil dated _____)

of the above named decedent, domiciled at _____

State of _____ has been offered for ancillary probate in the Surrogate's Court for the County
of _____.

2. The name(s) of proponent(s) of said Will/Codicil is/are _____ whose

address(es) is/are _____

3. The name and post office address of each and every domiciliary beneficiary of the above named decedent as set forth in
Paragraph 6 of the petition is/are as follows:

NAME	MAILING ADDRESS	NATURE OF INTEREST OR STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(USE ADDITIONAL SHEETS IF NECESSARY)

Date _____

**[Note: Complete Affidavit of Mailing. If serving infant 14 years of age or older, list and mail to infant as well as parent
or guardian.]**

Name of New York Attorney: _____ Tel. No.: _____

Address of New York Attorney: _____

