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

_____ X
LETTERS OF ADMINISTRATION c.t.a.,
WILL OF _____

a/k/a _____

**PETITION FOR
LETTERS OF ADMINISTRATION c.t.a
AFTER PROBATE
SCPA 1418 AND 1419**

File No. _____

Deceased.

_____ X

TO THE SURROGATE'S COURT, COUNTY OF _____ :

It is respectfully alleged:

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

Name: _____

Domicile or Principal Office: _____
(Street and Number) (City, Village or Town)

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

Mailing Address: _____
(If different from domicile)

Citizenship (check one): USA Other (specify) _____

Name: _____

Domicile or Principal Office: _____
(Street and Number) (City, Village or Town)

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

Mailing Address: _____
(If different from domicile)

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

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

- Sole Beneficiary Residuary Beneficiary
- Other [Specify] _____

1.(b) The proposed Administrator c.t.a. is is not an attorney.
[NOTE: An Administrator c.t.a. - Attorney must comply with Uniform Court Rule 207.16 (e). (See also 207.52)]

2. The will of the above-named decedent was admitted to probate by the Surrogate's Court of _____ County on _____ and Letters Testamentary were issued to _____, who on _____

died resigned was removed.

CTA-1

3. The names and addresses of all persons and parties interested in this proceeding having a right to letters of administration c.t.a. (with the will annexed) prior or equal to the petitioner under the provisions of SCPA §1418 and 1419, are as follows: [Furnish all information specified in **NOTE** below, if required]

Name _____ Domicile Address and _____ Description of Legacy, Devisee
Relationship _____ Mailing Address _____ or Other Interest, or Nature
of Fiduciary Status: _____

4. The names and addresses of all persons and parties who are beneficiaries named in the will other than those named in paragraph 3 above are as follows: [Furnish all information specified in **NOTE** below, if required]

Name _____ Domicile Address and _____ Description of Legacy, Devisee
Relationship _____ Mailing Address _____ or Other Interest, or Nature
of Fiduciary Status: _____

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

6. There are no outstanding debts or funeral expenses, except: [If "**NONE**" so state] _____

7. (a) To the best of the knowledge of the undersigned, property of the estate remains **unadministered** as follows:

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 \$ _____

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

[NOTE: In the case of each infant, state (a) name, birth date, relationship to decedent, domicile and residence address, and the person with whom he/she resides, (b) whether or not he/she has a court-appointed guardian (if not, so state), and whether or not his/her father and/or mother is living, and (c) the name and residence address of any court-appointed guardian and the information regarding such appointment. In the case of each other person under a disability, state (a) name, relationship to decedent, and residence address, (b) facts regarding this disability including whether or not a committee, conservator, guardian, or any other fiduciary has been appointed and whether or not he/she has been committed to any institution, and (c) the names and addresses of any committee, person or institution having care and custody of him/her; conservator; guardian; and any relative or friend having an interest in his/her welfare. In the case of a person confined as a prisoner, state place of incarceration and list any person having an interest in his/her welfare.

Wherefore, petitioner (s) pray (s) (a) that process issue to all necessary parties and (b) that letters issue as follows:

Letters of Administration c.t.a. to: _____

(c) [State any other relief requested] _____

Dated: _____

1. _____
(Signature of Petitioner)

(Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

2. _____
(Signature of Petitioner)

(Print Name)

COMBINED VERIFICATION, OATH & DESIGNATION

[For use when petitioner is to be appointed administrator c.t.a.]

STATE OF _____)

COUNTY OF _____) SS.:

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

- 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 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 the administrator c.t.a.. 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)

(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 sworn to such instrument before me and duly acknowledge 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: _____

COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION

[For use when a petitioner to be appointed is a bank or trust company]

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, 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. CONSENT: I consent to accept the appointment as Administrator c.t.a. of the decedent described in the foregoing petition and consent to act as such 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 the _____, _____, 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 the 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)

Signature of Attorney: _____

Print Name: _____

Firm Name: _____

Tel. No.: _____

Address of Attorney: _____

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 _____, at _____ o'clock in the
_____ noon of that day, why a decree should not be made in the estate of _____
lately domiciled at _____
granting administration c.t.a. and directing that Letters of Administration c.t.a. issue to _____
_____ (State any
further relief requested) _____

Dated, Attested and Sealed,

(Seal

HON. _____
Surrogate

Chief Clerk

Attorney for Petitioner

Telephone Number

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 appear for you.]

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

LETTERS OF ADMINISTRATION c.t.a.
WILL OF _____
a/k/a _____

RENUNCIATION OF LETTERS OF
ADMINISTRATION c.t.a.
WAIVER OF PROCESS AND
CONSENT TO DISPENSE WITH BOND

Deceased. _____ X

File No. _____

The undersigned, _____, a person interested in this estate as

- a beneficiary with equal or prior right to receive letters
- a beneficiary of the estate
- a creditor
- other (specify) _____

hereby personally appears in this proceeding in the Surrogate's Court of _____
County and

1. Renounces all rights to Letters of Administration c.t.a.
2. Waives the issuance and service of citation in the above entitled proceeding.
3. Consents that Letters of Administration c.t.a. be granted by the Court
to _____ or any other person or persons entitled there to without any notice
whatsoever to the undersigned.
4. Consents to dispense with bond of the Administrator c.t.a. and if such consent be filed by some
but not all of the persons interested in the estate, specifically releases any claim under any bond that may be
required of such Administrator c.t.a.

_____ Date _____ Signature _____ Street Address _____ Relationship _____

_____ Print Name _____ Town/State/Zip _____

STATE OF NEW YORK
COUNTY OF _____ ss.: _____

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)

Name of Attorney: _____ Tel. No.: _____

Address of Attorney: _____

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

PROBATE PROCEEDING,
WILL OF _____

a/k/a _____

Deceased.

X

STATE OF NEW YORK

)

COUNTY OF _____

)

) ss.:

AFFIDAVIT OF NO DEBT
(For use with Letters of
Administration c.t.a.)

File No. _____

_____, being duly sworn, deposes and says that

he/she resides at _____, County of _____,

State of _____; that he/she is the person seeking appointment as administrator c.t.a. in the

above entitled proceeding; that the value of all personal property receivable by the fiduciary of the estate of the above-named

decedent plus estimated gross rents receivable by said fiduciary for 18 months will not exceed the sum of

\$_____;

that deponent has made a diligent search to ascertain whether or nor there are any debts or claims

against the estate of said decedent and that there are no claims, including unpaid funeral and medical bills, except as follows:
[If "none", write "NONE"] _____

<u>NAME</u>	<u>ADDRESS</u>	<u>NATURE OF CLAIM</u>	<u>AMOUNT</u>

Sworn to be fore me this _____

day of _____, 20_____

Signature

Print Name

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

Name of Attorney _____ Tel. No.: _____

Address of Attorney _____