SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF _____

VOLUNTARY ADMINISTRATION, Estate of

_____,

Deceased.

RENUNCIATION OF VOLUNTARY ADMINISTRATION
(as of 11/2019)

File No. _____

TO THE SURROGATE'S COURT:

The undersigned, whose domiciliary address is

_____

(Street Address) (City/Town/Village) (State) (Zip)

Mailing Address _____
(If different from domicile)

being of full age and [check and complete]

[ ] a distributee of the above-named decedent and related as a

_____
(state relationship)

[ ] a fiduciary or legatee named in the decedent's will dated _____

hereby personally appears herein and renounces all right to act as voluntary administrator of the goods, chattels and credits of the decedent.

_____
(Renouncing Party)

_____
(Print Name)

STATE OF _____)
) ss.:
COUNTY OF_____)

On the _____day of_____, 20__, before me personally came _____, known to me to be the individual described in and who executed the foregoing instrument, and to me such person duly acknowledged that he/she executed the same.

_____
Notary Public

My commission expires: _____

Signature of Attorney: _____

Print Name of Attorney:_____

Firm Name:_____Tel. No._____

Address of Attorney:_____

SE-1C (11/2019)