

C I T A T I O N
THE PEOPLE OF THE STATE OF NEW YORK
BY THE GRACE OF GOD, FREE AND INDEPENDENT,

TO: _____
_____, an infant over the age of 14 years, of _____, New York
[List other parties]

being persons interested as creditors, legatees, devisees, beneficiaries, distributees or otherwise of the estate of _____, deceased, who at the time of death resided at _____.

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 _____ a.m.

WHY the account of the proceedings of _____ as Administrat_____ of the estate of _____, deceased, a copy of which is attached, should not be judicially settled, and

WHY the administrat_____ should not be empowered to compromise and settle a certain claim for wrongful death against _____ for the sum of \$ _____ and to discontinue any claim for conscious pain and suffering, and

WHY the provisions in the limited Letters of Administration issued to the petitioner on _____, restraining the compromise or collecting upon the aforesaid claim and cause of action, should not be modified to permit said compromise, and

WHY the filing of a bond should not be dispensed with, and

WHY the defendant, _____, or defendant's insurance company, should not pay to _____, Esqs., out of the proceeds of the settlement for the claim for wrongful death, the sum of \$ _____ as and for attorneys' fees, together with disbursements in the sum of \$ _____, and

WHY the entire recovery of \$ _____ should not be allocated to the cause of action for decedent's wrongful death, and

WHY the balance of the settlement, to wit the sum of \$ _____, should not be distributed to those distributees having sustained a pecuniary loss as follows:

_____ % of the balance to _____ widow/widower of decedent;
_____ % of the balance to _____, child of decedent; _____ % of the
balance to _____, child of decedent,

and

WHY the claim of _____ should not be rejected, as a nondistributee, and

WHY the claim of _____ in the amount of \$ _____ should not be rejected, and

WHY upon payments as hereinbefore mentioned the said administrat _____ should not be permitted to execute and deliver general releases and all other necessary papers to the defendant, _____, or defendant's insurance company, releasing them from all claims against them arising out of the aforesaid action for wrongful death, together with any other papers necessary to effectuate the said compromise.

DATED, ATTESTED AND SEALED

HON. _____
County Surrogate

(L.S.)

_____, Chief Clerk

A T T O R N E Y

Name of Attorney: _____

Address of Attorney: _____

Telephone Number of Attorney: _____

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