

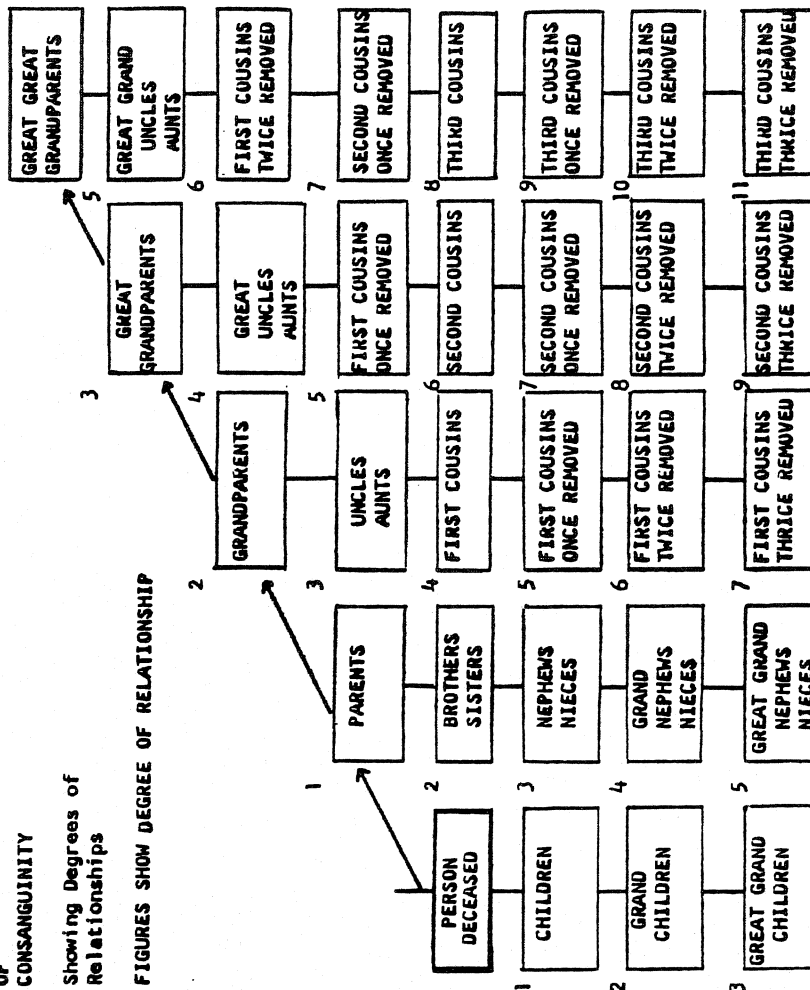
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**TABLE OF CONSANGUINITY**

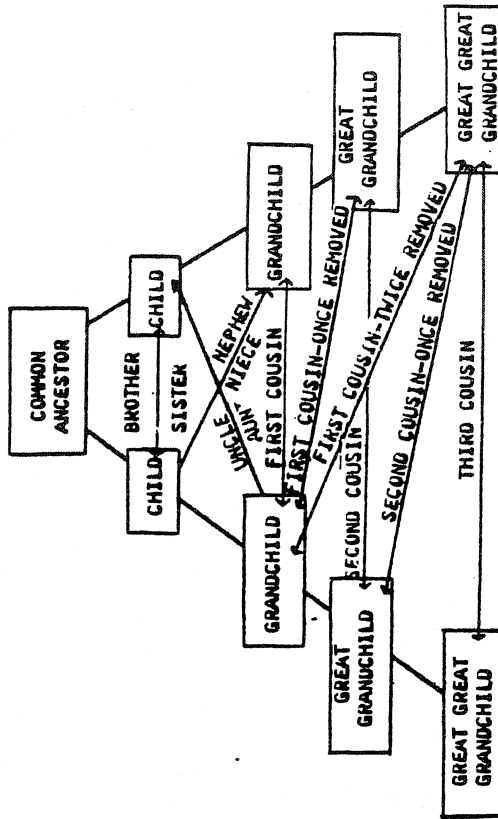
Showing Degrees of Relationships

FIGURES SHOW DEGREE OF RELATIONSHIP



**CHART OF RELATIONSHIPS**

Through a Common Ancestor



**Section 207.16 Petitions for probate and administration; proof of distribution; family tree.**

(a) All petitions for probate or administration shall:

(1) contain the information required by SCPA 304;

(2) contain an estimate of the gross estate of the decedent passing by will or intestacy, separately showing the values of personal and real property, gross rents for a period of 18 months and information about any cause of action for personal injury or wrongful death; and

(3) indicate whether any distributee is a non-marital child or the issue of a non-marital person under EPTL 4-1.2(a)(1) or (2).

(b) Whenever, in a petition for probate or administration, a party upon whom the service of process is required is a distributee whose relationship to decedent is derived through another person who is deceased, the petition must either:

(1) show the relationship of the distributee to decedent and the name and relationship of each person through whom such distributee claims to be related to decedent; or

(2) have annexed a family tree table or diagram showing the name, relationship and date of death of each person through whom such distributee claims to be related to the decedent, which table or diagram shall be supported by an affidavit of a person having knowledge of the contents thereof.

(c) If the petitioner alleges that the decedent was survived by no distributee or only one distributee, or where the relationship of distributees to the decedent is grandparents, aunts, uncles, first cousins or first cousins once removed, proof must be submitted to establish:

(1) how each such distributee is related to the decedent; and

(2) that no other persons of the same or a nearer degree of relationship survived the decedent.

Unless otherwise allowed by the court, the proof submitted pursuant to this subdivision must be by an affidavit or testimony of a disinterested person. Unless otherwise allowed by the court, if only one distributee survived the decedent, proof may not be given by the spouse or children of the distributee. The proof shall include as an exhibit a family tree, table or diagram, except no such table or diagram shall be required if the distributee is the spouse or only child of the decedent.

(d) If the petitioner alleges that any of the distributees of the decedent or others required to be cited are unknown or that the names and addresses of some persons who are or may be distributees are unknown, petitioner must submit an affidavit showing that he or she has used due diligence in endeavoring to ascertain the identity, names and addresses of all such persons. Compliance with this due diligence requirement is not intended to burden the estate with costly or overly time-consuming searches. Absent special circumstances, the affidavit will be deemed to satisfy the requirement of due diligence if it indicates the results obtained from among the following:

- (1) examination of decedent's personal effects, including address books;
- (2) inquiry of decedent's relatives, neighbors, friends, former business associates and employers, the post office and financial institutions;
- (3) correspondence to the last known address of any missing distributees;
- (4) correspondence or telephone calls to, or internet search for, persons of same or similar name in the area where the person being sought lived;
- (5) examination of the records of the Motor Vehicle Bureau and Board of Elections of the state or county of the last-known address of the person whose whereabouts is unknown.

In probate proceedings, the court may accept, in lieu of the above, an affidavit by decedent setting forth the efforts that he or she made to ascertain relatives.

(e) If a person requesting letters to administer an estate as sole executor or administrator is also an attorney admitted in this State, he or she shall file with the petition requesting letters a statement disclosing:

- (1) that the fiduciary is an attorney;
- (2) whether the fiduciary or the law firm with which he or she is affiliated will act as counsel; and
- (3) if applicable, that the fiduciary was the draftsman of a will offered for probate with respect to that estate.

Historical Note

Sec. filed Jan. 9, 1986; amds. filed: Jan. 12, 1998; April 1, 1998; Oct 5, 2000 eff. Oct. 3, 2000. Amended (d).

SURROGATE'S COURT  
COUNTY OF RICHMOND

-----X  
Administration Proceeding :  
Estate of :  
Harold \_\_\_\_\_ a/k/a :  
Harold Francis \_\_\_\_\_, Jr. :  
Deceased. :  
-----X

AFFIDAVIT  
OF HEIRSHIP

File No. \_\_\_\_\_

STATE OF NEW YORK )  
                          ) SS.:  
COUNTY OF KINGS )

NEIL \_\_\_\_\_, being duly sworn, deposes and says:

1. Your Deponent is the fully familiar with the Family Tree of the late Harold \_\_\_\_\_ a/k/a Harold Francis \_\_\_\_\_, Jr., having known the decedent for a period of not less than twenty (20) years.

2. The decedent was never married and had no children. He was an only child and had no siblings. His parents, Harold F. \_\_\_\_\_, Sr. and Agnes \_\_\_\_\_ predeceased him respectively on November 26, 1993 and August 7, 2003. Both his paternal and maternal grandparent also predeceased him.

3. The decedent's mother, Agnes \_\_\_\_\_, had two (2) brothers, William \_\_\_\_\_, Sr. and John \_\_\_\_\_, Sr. and one (1) sister, Julia \_\_\_\_\_.

4. William \_\_\_\_\_, Sr. is now surviving and party to the Administration proceeding, having filed a Waiver.

5. John \_\_\_\_\_, Sr. predeceased the decedent on February 20, 1981, then survived by his three (3) children, John \_\_\_\_\_Downey,

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Jr., Eileen \_\_\_\_\_ and Robert \_\_\_\_\_. Eileen \_\_\_\_\_ predeceased the decedent not survived by issue on July 17, 1996.

6. Julia \_\_\_\_\_ predeceased the decedent on May 9, 2002 survived by her five (5) children, Helen F. \_\_\_\_\_, Marie \_\_\_\_\_, Elizabeth \_\_\_\_\_, Thomas \_\_\_\_\_ and Henry \_\_\_\_\_.

7. The decedent's father, Harold F. \_\_\_\_\_, Sr., had one (1) brother, Edward \_\_\_\_\_, Sr. and one (1) sister, Helen \_\_\_\_\_.

8. Edward \_\_\_\_\_, Sr. predeceased the decedent on August 3, 1974 survived by his two (2) children, Edward \_\_\_\_\_, Jr. and Joan \_\_\_\_\_.

9. Helen \_\_\_\_\_ predeceased the decedent on July 13, 1987 survived by her son, Gerard \_\_\_\_\_.

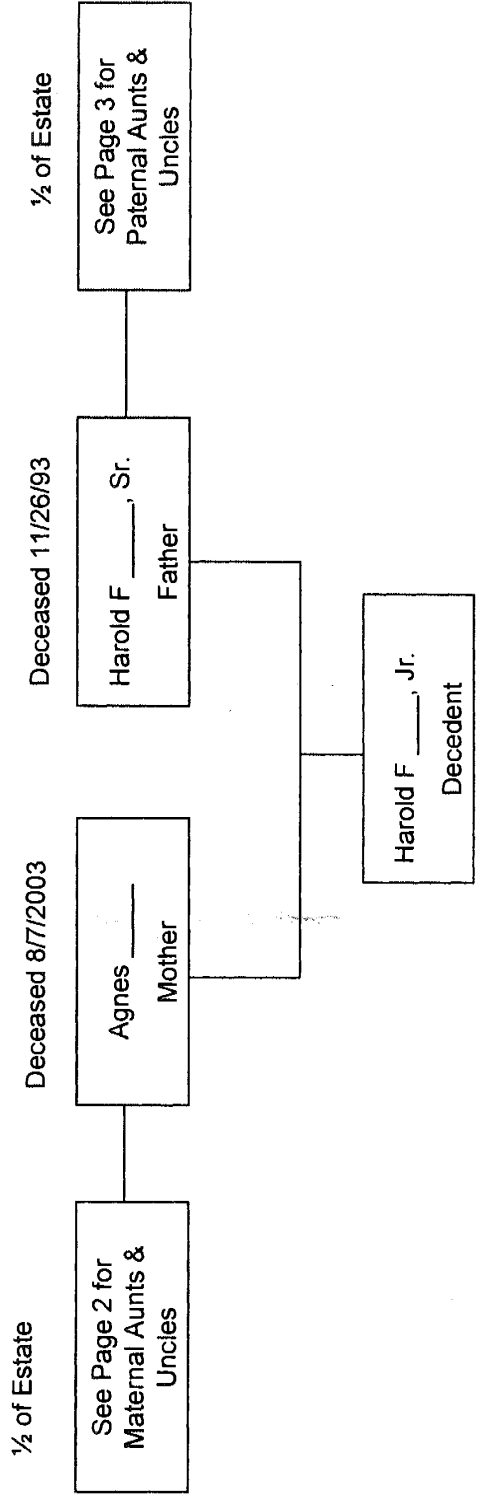
10. Accordingly, the decedent's heirs at law are his one (1) uncle and ten (10) cousins described above and outlined in the Harold \_\_\_\_\_ Family Tree annexed hereto.

\_\_\_\_\_  
NEIL \_\_\_\_\_

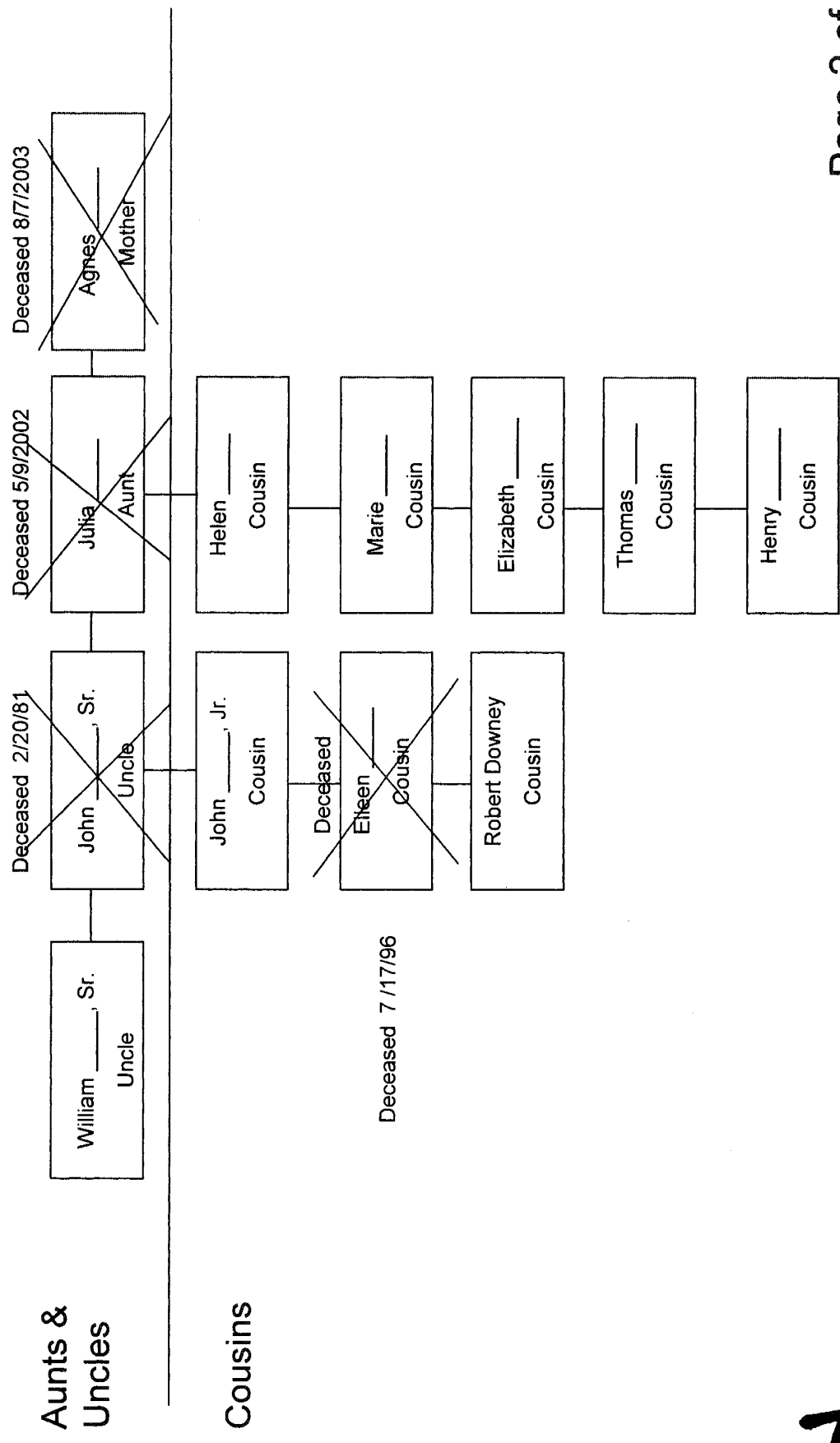
Sworn to before me this  
day of October, 2008.

\_\_\_\_\_  
NOTARY PUBLIC

# Family Tree of Harold \_\_\_\_\_ a/ka Harold Francis \_\_\_\_\_, Jr.



# Family Tree of Harold Conklin a/ka Harold Francis Conklin, Jr. Maternal Aunts, Uncles & Cousins

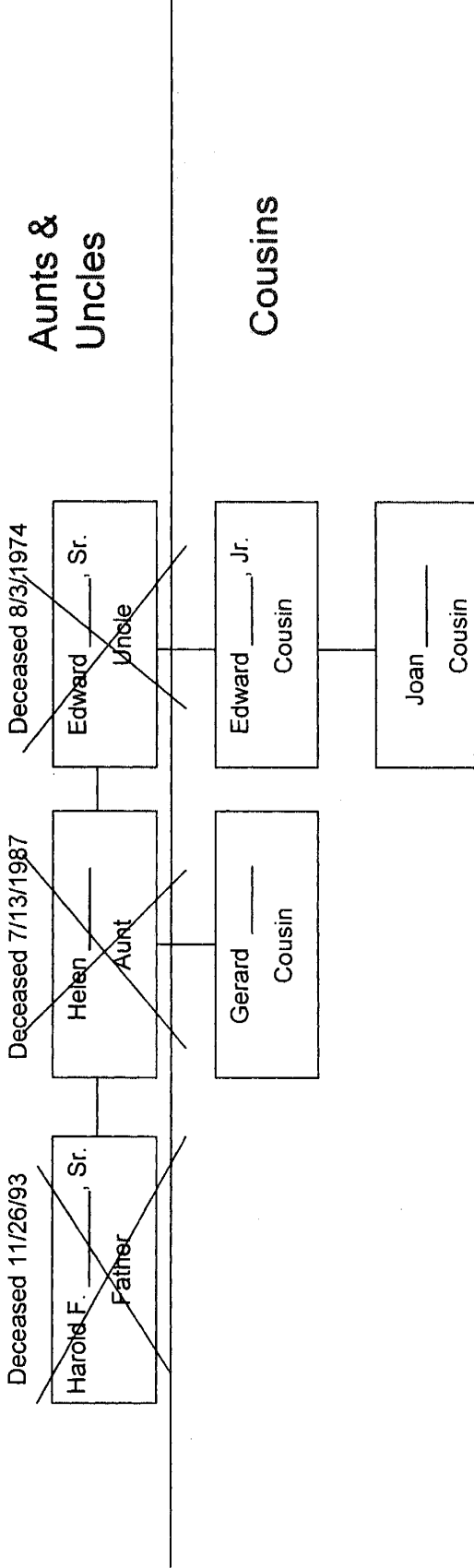


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Family Tree of Harold \_\_\_\_\_  
 a/ka Harold Francis \_\_\_\_\_, Jr.

Paternal Aunts, Uncles & Cousins



STATE OF NEW YORK  
 COUNTY OF KINGS  
 Neil \_\_\_\_\_

Neil \_\_\_\_\_, being duly sworn, states that the charts contained on these three (3) pages describing the Family Tree of Harold \_\_\_\_\_ a/ka Harold Francis \_\_\_\_\_, Jr. are correct.

Sworn to before me this \_\_\_\_\_ day of September, 2008.

NOTARY PUBLIC \_\_\_\_\_



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

\_\_\_\_\_

a/k/a

ATTORNEY'S CERTIFICATION  
(22 NYCRR 207.4 (a) & (b))

File No. \_\_\_\_\_

Deceased.

\_\_\_\_\_

The undersigned attorney hereby certifies pursuant to Sections 207.4 (a) and (b) of the Uniform Rules for Surrogate's Court, that the typeface utilized complies with subsection (a) of the aforesaid rule and the text used in the foregoing forms is the same contained in the official forms and that the substantive text has not been altered.

Signature of Attorney : \_\_\_\_\_

Print Name : \_\_\_\_\_

Firm Name : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

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8. That as surviving spouse of the creditor, I have not received in the aggregate more than Thirty Thousand (\$30,000) Dollars under SCPA §1310(2), including this payment of \$550.63 to be made by Chase.
9. This Affidavit is made to induce Chase to make the payment that I am requesting knowing full well that Chase relies upon the truth of the statements made in this Affidavit.
10. Payment in good faith by Chase to me of this requested amount shall be a complete discharge of Chase pursuant to SCPA § 1310(5).

Sworn to before me, this  
\_\_\_\_ day of November, 2010

\_\_\_\_\_  
NOTARY PUBLIC





**SURROGATE'S COURT, QUEENS COUNTY**

In the Matter of the Application to examine a Safe Deposit Box of

Phylimina [redacted] a/k/a  
Philomena [redacted] &  
Philomena [redacted]

Deceased.

File No. \_\_\_\_\_

**Petition to Examine  
Safe Deposit Box**

**TO THE SURROGATE'S COURT OF THE COUNTY OF QUEENS:**

The petition of Nicholas [redacted] respectfully shows that he/she is nephew & nominated Executor of the deceased, and resides at [redacted] Farmingdale, New York 11735.

That the said Phylimina [redacted] a/k/a Philomena M. [redacted] & Philomena [redacted] deceased, died at

Elmhurst, New York on February 8, 2010 a resident of Astoria

, in the County of Queens and State of New York.

That the said deceased has a safe deposit box in the vault of Astoria Federal Savings Bank a corporation doing business in the County of Queens and State of New

York.

That the names, Residence addresses and relationship of the distributes of the decedent are as follows:

Name	Residence	Relationship
------	-----------	--------------

See attached sheet

Your petitioner believes that said deceased may have left one or more of the following papers or instruments in said safe deposit box, to wit, a will of said deceased, a policy or policies of insurance issued in the name of said decedent and payable to a named beneficiary or beneficiaries and a deed to a burial plot in which said decedent is to be interred.

Estate of Philomena M. Brindisi a/k/a Phylimina Brindisi

Supplemental information to  
Petition to Examine Safe Deposit Box

Distributees

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Rachel [REDACTED]	[REDACTED] Astoria, NY 11105	Sister
Nicholas [REDACTED] (son of decedent's pre-deceased brother, Pasquale [REDACTED])	[REDACTED] Farmingdale, NY 11735	Nephew
Patrice [REDACTED] (daughter of decedent's pre-deceased brother, Pasquale [REDACTED])	[REDACTED] Avon, CT 06001	Niece
Thomas [REDACTED] (son of decedent's pre-deceased brother, Pasquale [REDACTED])	[REDACTED] Franklin Sq., NY 11010	Nephew



**WHEREFORE** your petitioner prays that an order be made permitting the petitioner, or agent of the petitioner, \_\_\_\_\_ to examine the said safe deposit box in the presence of an officer of said corporation for the purpose of ascertaining if any of said papers or instruments be deposited therein, and if a will of said deceased be found the same be delivered to the clerk of this court; if such policy or policies of insurance be found that they be delivered to the beneficiary or beneficiaries named therein, and if a deed to such burial plot be found that the same be delivered to your petitioner, or agent of the petitioner, and that your petitioner, or agent of the petitioner, be permitted to make a copy of any paper or papers found in said box bearing upon the desire of the said deceased as to the disposal of his/her remains, and your petitioner further prays that; he/she or the agent of your petitioner, be permitted to make an inventory of the contents of said box in order to fix the amount of the bond to be given on an application for letters of administration:

Dated:

Nicholas [redacted]  
Nicholas [redacted] Petitioner

STATE OF NEW YORK  
COUNTY OF NASSAU }

Nicholas [redacted] being duly sworn, says that he/she is the petitioner named in the foregoing petition, that he/she has read the foregoing petition subscribed by him/her and knows the contents thereof; and that the same is true of his/her own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he/she believes it to be true.

Sworn to before me this 24th  
day of June, 2010

James A. Soressi  
Notary Public, State of N.Y.

Nicholas [redacted]  
Nicholas [redacted] Petitioner

JAMES A SORESSI  
NOTARY PUBLIC STATE OF NEW YORK  
LIC. #02SO4892171  
COMM. EXP. 4-13-2011  
COMMISSION IN QUEENS COUNTY

Attorney James A. Soressi  
Address 166-16 26 Avenue, Flushing, NY 11358  
Phone No. ( 718 ) 813-0360



Present :  
HON. ROBERT L. NAHMAN,  
Surrogate  
In the Matter of the Application

to Examine an Safe Deposit Box of  
Phylimina [redacted] a/k/a  
Philomena M. [redacted] &  
Philomena [redacted]  
Deceased.

At a Surrogate's Court held in  
and for the County of Queens,  
State of New York, at Jamaica,  
in said County, on the 13<sup>th</sup>  
day of July, 2010.

FILE # 2010-[redacted]-A

Order to Examine Safe  
Deposit Box

Upon reading and filing the petition of Nicholas [redacted] verified on the  
24th day of June, 2010 the Astoria Federal Savings Bank a  
corporation doing business in the State of New York, is hereby directed to permit said petitioner or agent  
JAMES A. SORESSI ESQ to examine the safe deposit box of said decedent in the  
presence of an officer of the corporation, and if a will be found therein, the said corporation is directed  
forthwith to deliver the same to the Clerk of this Court, or if a policy or policies of insurance in the name  
of the decedent and payable to a named beneficiary or beneficiaries named therein, the said policy shall  
be delivered to the beneficiary or beneficiaries named therein, and if a deed to a burial plot in which  
the decedent is to be interred, be found the said corporation is hereby directed to deliver the same to  
the petitioner, or the agent of the petitioner, and it is further

Directed that the petitioner, or the agent of the petitioner, be permitted to make a copy of any  
paper or papers found in said box bearing upon the desire of said decedent as to the disposal of his or  
her remains, and it is further

Directed that the said petitioner, or agent of the petitioner, be permitted to make an inventory of  
the contents of said safe deposit box.

*Robert L. Nahman*

STATE OF NEW YORK  
COUNTY OF QUEENS  
MARGARET M. GRIBBON, SURROGATE  
I, MARGARET M. GRIBBON, Clerk of the Surrogate's Court in and for the County of Queens, do hereby  
certify that I have compared the foregoing with the original *order*  
in the above entitled matter, now remaining in this office, and have found the same to be a  
correct transcript therefrom, and is the whole of such original record.  
In Testimony Whereof, I have hereunto set my hand and affixed the Seal of said Surrogate's Court  
the 13 day of August, 2010  
*Margaret M. Gribbon*  
Clerk of the Surrogate's Court

MB

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Name of Deceased Phyllis Philomena [redacted] File # 2010 [redacted]  
Phyllis Philomena [redacted]

INVENTORY OF SAFE DEPOSIT BOX OPENING

I James A. Sorressi Residing at 166-16 26 Ave Flushing, NY 11358 being duly sworn depose and say:

That I have inventoried the Safe-Deposit box of the decedent being Box No. [redacted] located at Astoria Federal Bank at 31-24 Pitmans Blvd Astoria NY 11105 and found the following items in said Box

DESCRIPTION	VALUE
1. <u>Miscellaneous papers</u>	\$ <u>-</u>
2. <u>Various Bank statements</u>	\$ <u>-</u>
3. <u>CD Book # [redacted] Nick [redacted] Benef</u>	\$ <u>-</u>
4. <u>CD Book # [redacted] Anthony [redacted] Benef</u>	\$ <u>-</u>
5. <u>CD Book # [redacted] Patricia [redacted] Benef</u>	\$ <u>-</u>
6. <u>CD Book IF [redacted] Thomas [redacted] Benef</u>	\$ <u>-</u>
7. <u>CD Book FF [redacted] Michael [redacted] Benef</u>	\$ <u>-</u>
8. <u>CD Book # [redacted] Dominick [redacted] Benef</u>	\$ <u>-</u>
9. <u>CD Book # [redacted] Raymond [redacted] Benef</u>	\$ <u>-</u>
10. _____	\$ _____

That I am making the above inventory in the presence of:

Laura De Angelis A Representative of the Astoria Federal Savings Bank.

You sign [Signature]

Bank signs [Signature]

Dated 7-29-2010

Sworn to before me this 29th day of July, 2010

[Signature]  
 (Affix notary stamp)

**PAULA SERNA**  
 Notary Public (Use reverse side if more space is needed)  
 State of New York  
 Reg # 01SE621453  
 Commission Exp 12/07/2013  
[Signature]

# Voluntary Administration Checklist

(see Surrogate's Court Form SE-2A, rev. 4/98)

*This Checklist is provided for your convenience while completing the petition and the checklist should not be returned to the Court.*

**Check Form To Make Sure Venue Is Correct - Appropriate County Is Listed**

**Fill In All Areas On All Pages of Affidavit - Also Mark When Not Applicable Where Necessary**

PET #	DESCRIPTION	YES	NO
	Is the captioned name exactly the same as it appears on the Death Certificate?		
	If A/K/A's, are they listed in the caption and also under ¶3 of affidavit?		
1.	<b>Is the petitioner eligible to act and qualify pursuant to SCPA §1303(a) or 1303(b)?</b>  (a) named executor/executrix if there is a will (b) surviving adult spouse of decedent (c) adult child (d) adult grandchild (e) parent (f) brother or sister (g) niece or nephew or aunt or uncle (h) others as set forth in SCPA §1303(a) or SCPA §1303(b)		
2.	<b>Has the interest of the affiant been checked and specified?</b>		
3.	<b>Enter decedent's name, including a/k/a's, domicile, date of death, place of death and citizenship. Does the information agree with the death certificate?</b>  <i>NOTE: A certified copy of the death certificate must be filed with affidavit. [see SCPA §1304(3)]</i>		
4.	<b>Check appropriate box. If decedent died with a will, the original will must be submitted with Affidavit [SCPA §1303(b)].</b>		
5.	<b>Check records of Surrogate's Court to make sure no previous application has been made in this estate for a voluntary administration or for letters of administration or for the probate of a will.</b>		
6.	<b><i>NOTE: Distributee: Any person entitled to take or share in property under EPTL §4-1.1 and 4-1.2. (SUBMIT A FAMILY TREE IF REQUIRED BY THE COURT.)</i></b>  Check that name, complete mailing address and relationship of each distributee is listed.  <b><i>NOTE: If alleged that the decedent was survived by no distributee or only one distributee or where the relationship of distributees to the decedent is grandparents, aunts, uncles, first cousins or first cousins once removed, the Court may require an Affidavit of Heirship as set forth in Uniform Rules 207.16(c).</i></b>  <b><i>NOTE: If there are any deceased distributees, provide a copy of the death certificate or provide the date of death.</i></b>		

PET ¶ #	DESCRIPTION	YES	NO
7.	<p>Must be listed: name, bequest and full mailing address of each individual named in the will.</p> <p><i>NOTE: Postcard Notices (may be in letter form) are to be mailed to each distributee and beneficiary listed in affidavit under ¶6 and ¶7, excluding affiant. [see SCPA §1304(4)]</i></p>		
8.	<p>Check to be certain that value of personal property does not exceed \$30,000 for decedent dying on or after 1/1/09 (\$20,000.00 for decedent dying prior to 1/1/09 but on or after 8/29/96; \$10,000.00 for decedent dying prior to 8/29/96). [see SCPA §1301(1) and EPTL §5-3.1(a)(1-5)]</p>		
9.	<p>Must be listed: all assets of the decedent including bank accounts, stocks, insurance policies not payable to a named beneficiary and the value of each item. JOINT ASSETS AND SET-OFF PROPERTY ARE EXCLUDED. [see EPTL §5-3.1] Give specifics for each asset, i.e. name of bank, account number, etc. A certificate will be issued for each asset listed.</p>		
10.	<p>Must be listed: names of all creditors, including unpaid funeral expenses, and the amount owed to each creditor.</p>		
11.	<p>Court should advise the voluntary administrator of his or her duties and that they are required to account for the disposition of all assets.</p>		
12.	<p>This paragraph states that this proceeding will not determine the estate tax liability.</p>		
13.	<p>This paragraph states that if an administration or probate proceeding is commenced, voluntary administrator/trix must file account with the Court appointed fiduciary. [see SCPA §1307(2)]</p>		
	<p>Is affidavit signed and properly notarized (including proper jurat and expiration date of notary's commission)?</p> <p>Is attorney's name, address and phone number listed?</p> <p>Has Part 130 Certification been completed?</p> <p>if <u>NOT</u>, has a separate attorney certification as to Part 130 signing requirements been included?</p>		
<p><b>If forms are computer generated, has a certification pursuant to Court Rules §207.4 been attached?</b></p>			

<b>FEE SCHEDULE</b>	<b>SCPA/EPTL§ or Rule #</b>
<p style="text-align: center;"><b>Have the proper fees been included with affidavit?</b></p> <p style="text-align: center;">\$1.00 for filing affidavit</p> <p style="text-align: center;">\$ .25 for each certificate (only for decedents dying prior to 7/6/99)</p>	1304(4)

<b>COMMENTS AND COURT NOTES</b>		<b>Form Number</b>	<b>SCPA/EPTL§ or Rule #</b>
When Permitted	<p>May be used when a fiduciary is needed to transfer estate assets (personal property only) and the value of the assets does not exceed the following:</p> <p style="margin-left: 20px;">\$30,000 - for decedents dying on or after 1/1/09</p> <p style="margin-left: 20px;">\$20,000 - for decedents dying from 8/29/96 through 12/31/08</p> <p style="margin-left: 20px;">\$10,000 - for decedents dying from 6/15/81 through 8/28/96</p> <p style="margin-left: 20px;">\$5,000 - for decedents dying from 6/24/75 through 6/14/81</p> <p style="margin-left: 20px;">\$3,000 - for decedents dying prior to 6/24/75</p> <p>Amounts exclusive of property set off under EPTL §5-3.1.</p>		1301
Documents Always Required	<ul style="list-style-type: none"> <li>•Affidavit in Relation to Settlement of Estate under Article 13</li> <li>•Certified Death Certificate</li> <li>•Original Will (if one exists)</li> <li>•Report and Account in Settlement of Estate</li> </ul>	SE-2A   SE-1D	1304(3) 1304(3) 1303(b) 1307(2)
Documents Sometimes Required	<ul style="list-style-type: none"> <li>•Renunciation of Voluntary Administration</li> <li>•Copy of funeral bill</li> <li>•Obituary Notice</li> <li>•Affidavit of Disinterested Party/Sole Heirship Affidavit</li> <li>•Family Tree Chart</li> <li>•Amended Affidavit</li> <li>•Death Certificate of deceased spouse, distributee</li> </ul>	SE-1C   FT-1 SE-2B	1303   207.16(c) 207.16(c) 207.46

## COMMENTS AND COURT NOTES (continued)

Only one certificate of appointment will be issued for each asset or item listed in paragraph 9 of the Affidavit (SE-2A). If additional certificates are needed after Affidavit is filed, use Amended Affidavit (Form SE-2B).

A voluntary administrator **MAY NOT** be used to pass title to real property held in the decedent's name. [**However, pursuant to Real Property Law §321(5)(a) a voluntary administrator may sign a discharge of mortgage.**]

A bank account must be opened for any money received by the voluntary administration, see SCPA §1307(1).

Review carefully instructions to ¶6 and ¶7 of the Affidavit and be sure interested parties are listed in the correct places.

Documents signed by Power of Attorney (Provide certified copy of POA and comply with Section 13-2.3 EPTL and 207.48 Uniform Rules).

Check to be certain all documents are properly notarized.

### Estates, Powers and Trusts Law Section 5-3.1 - Exemption for Benefit of Family

If a person dies leaving a surviving spouse the following items of personal property vest in such surviving spouse, and if there is no surviving spouse, such items of property vest in the decedent's children under the age of 21 years, if any:

- (1) Household items (furniture, clothing, etc...) not exceeding a total value of \$10,000.00.
- (2) Family Bible, pictures, videotapes, computer tapes, discs, software, books not exceeding a total value of \$1,000.00.
- (3) Domestic animals with their necessary food for 60 days, farm machinery, one tractor and one lawn tractor, not exceeding in aggregate value \$15,000.00.
- (4) One motor vehicle not exceeding in value \$15,000.00.
- (5) Money or other personal property not exceeding in value \$15,000.00, except that where assets are insufficient to pay the reasonable funeral expense of the decedent, the personal representative must apply such money or other personal property to defray any deficiency in such expenses.

*(This is not a complete reprint of the law regarding family exemptions. Please see EPTL §5-3.1 for the full text of the law.)*

**THIS MATERIAL IS PROVIDED FOR INFORMATIONAL/TRAINING PURPOSES ONLY.** – It is intended for use in conjunction with review of the applicable statutes and rules of the Surrogate's Court and the Surrogate's Court Operations Manual.

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

-----X  
VOLUNTARY ADMINISTRATION, Estate of

**AFFIDAVIT IN RELATION TO  
SETTLEMENT OF ESTATE UNDER  
ARTICLE 13, SCPA**

File No. \_\_\_\_\_  
(as of 1/2009)\*

\_\_\_\_\_  
Deceased.  
-----X

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss.:

(INSTRUCTIONS: In completing this form,  
answer each question. This may be done in some  
instances by crossing out words in parenthesis  
and in some instances by inserting the required  
information.)

I, \_\_\_\_\_, being duly sworn, depose and say

(1) My permanent address is: \_\_\_\_\_  
(Street Address) (City/Town/Village)

\_\_\_\_\_  
(County) (State) (Zip) (Telephone Number)

My mailing address is: \_\_\_\_\_  
(If different from permanent address)

(2) My interest is:  Distributee of decedent \_\_\_\_\_  
(Relationship)

Other (Specify) \_\_\_\_\_

(3) The name, permanent address, date, place of death, and citizenship of the decedent, to whose estate this proceeding relates, are as follows:

Name of Decedent (a/k/a, if applicable): \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street Address) (City/Town/Village) (County) (State)

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
(City/Town/Village) (State)

Citizenship: \_\_\_\_\_

(4) Decedent died:  Intestate (without a will)  
 Testate (the original will is attached)

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

SE-3A \*For use only where decedent died on or after January 1, 2009



(6) The names and addresses of the decedent's distributees under New York law, including non-marital children and descendants of predeceased non-marital children, and their relationship to the decedent, are as follows: (If more space is needed, add a sheet of paper)

<u>Name</u>	<u>Post Office Address, (Including Zip)</u>	<u>Relationship Indicate if non-marital)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(7) (If decedent had a will) The name and address of all beneficiaries in the will of the decedent filed herewith are as follows: (If more space is needed, add a sheet of paper)

<u>Name</u>	<u>Post Office Address, (Including Zip)</u>	<u>Bequest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8) The value of the entire personal property, wherever located, of the decedent, exclusive of joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), and jointly owned personal property, or property exempt under the EPTL §5-3.1, **does not exceed \$30,000.00.**

9) The following, exclusive of joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), and jointly owned personal property, or property exempt under EPTL §5-3.1, is a complete list of all personal property owned by the decedent, either standing in his/her own name or owned by him/her beneficially and including items of value in any safe deposit box. (If more space is needed, add a sheet of paper)

<u>Items of Personal Property Separately Listed</u>	<u>Value of Each Item</u>
_____	_____
_____	_____
_____	_____

TOTAL \$ \_\_\_\_\_

(10) All the liabilities of the decedent known to me are as follows: (If more space is needed, add a sheet of paper)

<u>Name of Creditor</u>	<u>Amount Owed</u>
_____	_____
_____	_____
_____	_____

(11) I undertake to act as voluntary administrator/trix of the decedent's estate, and to administer it pursuant to Article 13 of the Surrogate's Court Procedure Act. I agree to reduce all of the decedent's assets to possession; to liquidate such assets to the extent necessary; to open an estate bank account in a bank of deposit or savings bank in this state, in which I shall deposit all money received; to sign all checks drawn on or withdrawals from such account in the name of the estate by myself, as voluntary administrator/trix; to pay the expenses of administration, the decedent's reasonable funeral expenses and his/her debts in the order provided by law; and to distribute the balance to the person or persons and in the amount or amounts provided by law. As voluntary administrator/trix, I shall file in this court an account of all receipts and of disbursements made.

(12) I understand that this proceeding will not determine the estate tax liability, if any, in the event that the decedent had any interest in real property or any joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), or jointly owned or trust property.

(13) If letters testamentary or of administration are later granted, I acknowledge that my powers as voluntary administrator/trix shall cease, and I shall deliver to the court-appointed fiduciary a complete statement of my account and all assets and funds of the estate in my possession.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Print Name

Sworn to before me on \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My 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  
VOLUNTARY ADMINISTRATION, Estate of

\_\_\_\_\_,  
Deceased.  
----- X

**AMENDED AFFIDAVIT  
IN RELATION TO SETTLEMENT  
OF ESTATE  
UNDER ARTICLE 13, SCPA  
(as of 1/2009)**

File No. \_\_\_\_\_

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

I, \_\_\_\_\_, being duly sworn, depose and say:  
(Name)

- I am the voluntary administrator/trix of the above-named decedent and make this affidavit pursuant to Article 13 of the Surrogate's Court Procedure Act. The original and any amended affidavits were filed on the following dates: [list dates]
- I was found qualified to act as the voluntary administrator/trix of the above captioned estate by the \_\_\_\_\_ County Surrogate's Court on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.
- The following items of personal property, owned by the above-named decedent, were not listed in paragraph 9 of the Affidavit of Voluntary Administration originally filed nor in any amended affidavits filed with the court.

**Items of Personal  
Property  
Separately Listed**

**Value of Each Item**

_____	_____
_____	_____

Total \$ \_\_\_\_\_

4. For the item of personal property listed in paragraph 3, I require \_\_\_\_\_ additional certificates of voluntary administration.

The value of all of the decedent's non-exempt assets still does not exceed **\$30,000.00**.

Sworn to be fore me on \_\_\_\_\_,  
\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
(Affix Notary Stamp or Seal)

Signature of Attorney : \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Tel No. : \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

**SE-3B \*For use only where decedent died on or after January 1, 2009**