

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

PROBATE PROCEEDING,  
WILL OF \_\_\_\_\_

a/k/a \_\_\_\_\_

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

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

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

\_\_\_\_\_, 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 \_\_\_\_\_

\_\_\_\_\_  
Signature

day of \_\_\_\_\_, 20\_\_\_\_\_

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

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

Name of Attorney \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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

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**SURROGATE'S COURT OF THE STATE OF NEW YORK** \_\_\_\_\_ **COUNTY**  
 In The Matter of the Estate of \_\_\_\_\_ **LIST OF ASSETS/INVENTORY**  
 (Rule §207.20(a))

\_\_\_\_\_  
 Deceased. **FILE NUMBER** \_\_\_\_\_

The undersigned, a fiduciary or an attorney for the above estate, certifies that the following recapitulation constitutes the gross estate (for tax purposes) of the above decedent. The following documents are attached: [ ] a detailed list of assets; or a copy of one of the following: [ ] Form ET-90; [ ] Form TT-385; [ ] Form 706 or Form 706NA.

IF FORM ET-90 IS ATTACHED, ALL RIGHTS TO SECRECY UNDER TAX LAW §994 ARE WAIVED

Date of Death: \_\_\_\_\_ Date of Letters: \_\_\_\_\_ Type of Letters: \_\_\_\_\_

Name of Each Fiduciary: \_\_\_\_\_

(Address, if changed): \_\_\_\_\_

RECAPITULATION OF ATTACHED SCHEDULES:	Non-Probate, Joint or Trust Property	Individually Owned By Decedent or Payable to Estate
A. Real Estate	\$ _____	\$ _____
B. Stocks and Bonds	_____	_____
C. Mortgages, Notes, Cash, etc.	_____	_____
D. Insurance on Decedent's Life	_____	_____
E. Jointly Owned Property	_____	_____
F. Miscellaneous & Trust Property	_____	_____
G. Transfers During Decedent's Life	_____	_____
H. Powers of Appointment	_____	_____
I. Annuities	_____	_____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>

Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering:  
 Amount Claimed \$ \_\_\_\_\_

Filing Fee Under §2402(7) \_\_\_\_\_  
 Filing Fee Initially Paid \_\_\_\_\_  
 Balance (Refund) Due \_\_\_\_\_

Certified to be true on \_\_\_\_\_, 20\_\_\_\_

**ATTORNEY**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**  
 \_\_\_\_\_  
**Print Name**

**GROSS ASSETS**

(Attach Additional Page If Necessary)

**A. REAL ESTATE** (Individually owned property)

Description

Date of Death Value

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**B. STOCKS AND BONDS** (Individually Owned)

Description, Including Face Amount of Bonds  
and Number of Shares

Date of Death Value

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**C. MORTGAGES, NOTES AND CASH** (Including Bank Deposits)  
(Jointly owned property should be reported at E and trust property at F)

Description

Date of Death Value

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**D. INSURANCE ON DECEDENT'S LIFE**

(1) Payable to Estate

<u>Description</u>	<u>Date of Death Value</u>
_____	_____
_____	_____

(2) Payable to Named Beneficiary

<u>Description</u>	<u>Date of Death Value</u>
_____	_____
_____	_____

**E. JOINTLY OWNED PROPERTY (Real and Personal Property)**

(1) Real Estate

<u>Description</u>	<u>Joint Tenant</u>	<u>Date of Death Value</u>
_____	_____	_____
_____	_____	_____

(2) Stocks and Bonds

<u>Description</u>	<u>Joint Tenant</u>	<u>Date of Death Value</u>
_____	_____	_____
_____	_____	_____

(3) Mortgages, Notes and Cash

<u>Description</u>	<u>Joint Tenant</u>	<u>Date of Death Value</u>
_____	_____	_____
_____	_____	_____

**F. OTHER MISCELLANEOUS PROPERTY**

(1) Individually Owned

<u>Description</u>	<u>Date of Death Value</u>
_____	_____
_____	_____

(2) Firearms (Check appropriate box)

Yes, see attached Firearms Inventory Form

None

Date of Death Value

\_\_\_\_\_

(3) Assets Passing to the Estate from Employment

Description

Date of Death Value

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(4) Trust Property

Description

Date of Death Value

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**G. TRANSFERS DURING DECEDENT'S LIFE**

Description

Date of Death Value

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**H. POWERS OF APPOINTMENT**

Description

Date of Death Value

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I. ANNUITIES**

Description

Date of Death Value

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CAUSE OF ACTION** for decedent's wrongful death and for conscious pain and suffering, as well as any other type of action.

<u>Description</u>	<u>Court in which Action Pending</u>	<u>Index Number</u>	<u>Amount Demanded</u>
_____	_____	_____	_____
_____	_____	_____	_____



# Release of Lien of Estate Tax

Real property or cooperative apartment

# ET-117

(1/12)

A completed Form ET-117 must be mailed with one of the following forms to the address shown on *that* form: Form ET-706, Form ET-90, Form ET-85, Form ET-30, Form TT-385, or Form TT-102. There is no fee for a release of lien.

Name
Address
City, state, ZIP code

Type or print the name and mailing address of the person to whom this form should be returned.

Estate of	
Date of death	County of residence at time of death*

\* If the decedent was not a resident of New York State at the time of death, enter *nonresident*.

Complete this section for real property. You may list up to two parcels in the same county; use a separate Form ET-117 for each county. File the validated release of lien with the county clerk or commissioner of deeds.

The book of deeds or liber number, page number, and map number are shown on the recorded deed. The section, block, and lot numbers are shown on the property tax bills.

Book of deeds or liber number	At page number	Map number	
Section number	Block number	Lot number	
Property address	Street or road	City, town, or village	County
Book of deeds or liber number	At page number	Map number	
Section number	Block number	Lot number	
Property address	Street or road	City, town, or village	County

Complete this section for cooperative apartments. If you entered real property above, do not complete this section; use a separate Form ET-117.

Also, you must use a separate Form ET-117 for each cooperative corporation and purchaser. Give the validated release of lien to the purchaser.

Name of cooperative corporation			
Address of cooperative apartment	Apartment number(s)	Street or road	
City, town, or village	State	County	ZIP code
Number of shares associated with proprietary lease for apartment(s) listed above			

Pursuant to the provisions of section 249-bb or section 982(c) of the Tax Law, the lien (if any) of the estate tax imposed by Article 10-C or Article 26 of the Tax Law is hereby released with respect to the property described above.

Date	Deputy commissioner
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**This release is not valid unless the state seal is affixed by the Tax Department to the right of the property description. Each completed description requires a separate seal.**

**Note:** The executor may be held personally liable for unpaid estate tax up to the value of the assets that were distributed before the NYS estate tax was paid in full. The surviving spouse, all beneficiaries, and any other person in possession of property included in the NY gross estate may be held personally liable for unpaid estate tax up to the value of property received from the estate (NYS Tax Law section 975).

# Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested			
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)		
4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)		
6 County and state where principal business is located			
7a Name of responsible party	7b SSN, ITIN, or EIN		
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____		
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____		
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government		
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military		
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
10 <b>Reason for applying</b> (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____		
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____		
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____		
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Agricultural</td> <td style="width:33%; text-align: center;">Household</td> <td style="width:33%; text-align: center;">Other</td> </tr> </table>			Agricultural
Agricultural	Household	Other	
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶			
16 Check <b>one</b> box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	
<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____			

<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ( )
	Address and ZIP code	Designee's fax number (include area code) ( )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ( )
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ( )
Signature ▶		Date ▶

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