Instructions -APARTMENT SEARCH

1) Need original Death Certificate.

2) Complete the petition and Order on the forms provided within.

3) Money order or cash in the amount of $20.00 plus 6.00 for each certified copy of order.

4) An affidavit of Heirship from a disinterested party unless the petitioner is the named Executor in the will. In that case a complete copy of the Will including all signatures, is required.

5) Provide a self addressed stamped envelope.

6) Provide a contact telephone # on page 2 of the petition

Note: The Petition and Affidavit of Heirship must be notarized.
Do not mail cash

SURROGATE'S COURT
COUNTY OF BRONX

----------X

In the Matter of the Application for a Search of an Apartment for the Will of

Deceased.

File No. _____

----------X

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

_____, being duly sworn, says that he/she is _____ of _____ The said _____ died at _____ on the ____ day of _____, _____, and at the time of his death resided at _____ in the County of Bronx. That said deceased had an apartment at the above address.

That deponent believes that said deceased may have left a Will or Codicil in the said apartment and requests that an order be made directing the owner or other authorized employee or agent of the said dwelling to examine the said apartment for the purpose of ascertaining if a Will or Codicil of said deceased be deposited therein, and if such be found, that the same be deposited in this Court; and to permit your petitioner to make an inventory of said apartment for the purpose of fix the amount of the bond to be given on an application for Letters of Administration, if no such Will be found; and to permit your petitioner to make a copy of any paper or papers found in the said apartment bearing upon the desire of the deceased as to the disposal of his/her remains, and directing that, if a deed to a cemetery plot be found in the said apartment, the same be delivered to your petitioner.

_____
Petitioner

_____, _____
Dated, New York

P-26A (Rev. 03/01)

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

the petitioner named in the foregoing petition, being duly sworn, deposes and says that he/she has read the foregoing petition subscribed by him/her and knows the contents thereof; and that the same is true of him/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

_____ day of _____, _____

_____
Petitioner

_____
Notary Public
My Commission Expires

Surrogate's Court
COUNTY OF BRONX

IN THE MATTER OF THE APPLICATION FOR A SEARCH OF AN APARTMENT FOR THE WILL OF

Deceased.

Petition

Attorney.

At a Surrogate's Court, held in and for the County of Bronx, at the Bronx County Building, in the Borough of The Bronx, City of New York, on the _____ day of _____, _____.

Present:

Hon. Nelida Malave-Gonzalez Surrogate.

In the Matter of the Application for a Search of an Apartment for the Will of

Deceased.

File No. _____

Upon reading the petition of _____

verified on the _____ day of _____, _____, the owner, agent or superintendent of the premises at _____ is hereby ordered and directed and hereby authorized to allow _____

_____

to open the apartment of _____, deceased, in the presence of _____ and examine the contents of the said apartment for the Last Will and Testament of said deceased or any Codicil thereto, and without removing any other article therefrom, if said Will or Codicil be found therein, the said be deposited in this Court; and it is further

ORDERED that the petitioner be permitted to make an inventory of the said apartment; and it is further

ORDERED that the petitioner be permitted to make a copy of any paper or papers found in the said apartment bearing upon the desire of the deceased as to the disposal of his/her remains, and if a deed to a cemetery plot be found in the said apartment that the same be delivered to the petitioner; and it is further

ORDERED that if any life insurance policy issued in the name of the decedent and payable to a named beneficiary be found in said apartment, the said be delivered to the beneficiary named therein.

ENTER:

_____

Surrogate

AFFIDAVIT OF HEIRSHIP

State of
County of

Estate of _____
File No. _____

I, _____ being duly sworn, depose and says:

That I reside at _____
and my daytime telephone number is (____) _____.

That I knew the decedent for _____ years, and was a
(at least 10 years)

_____ of _____, deceased.
(sister, friend, neighbor) (name of deceased)

1. The basis of my information of the family tree of the decedent is as follows: _____

_____

_____

_____

2. Please tell us about the following:
   a. Does the decedent have a spouse who is still alive? If yes, list name, and if none, state none:

   b. List name(s) of any child or children, child or children of predeceased child or children including marital or non-marital child or children and if none, state none:

   c. List any child or children that was/were adopted by the decedent or persons related to the decedent, if none, state none:

3. List names of Mother and Father, if deceased, state date of death:

4. List names of any sisters and/or brothers either of whole or half blood, or children of predeceased sisters and/or brothers, if none, state none: (if niece or nephew or grandniece or grandnephew, list name of predeceased sister or brother and name of predeceased niece or nephew)

5. List names of any decedent's paternal grandmother or paternal grandfather (father's parents) and maternal grandmother or maternal grandfather (mother's parents), if none, state none: (must attach family tree table or diagram)

6. List names of aunts or uncles, and child or children of predeceased aunts or uncles, (first cousins), if none, state none: (must attach family tree table or diagram)

7. First cousins once removed: (children of first cousins) (must attach family tree table or diagram)

_____

Signature

Sworn to before me this

___ day of _____, ____

_____

Notary Public

Expiration date:

Stamp or Seal