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

---X

Proceeding to Revoke Letters of Administration and Grant Letters of Administration d.b.n.

Estate of

a/k/a

PETITION TO REVOKE LETTERS OF ADMINISTRATION AND GRANT LETTERS OF ADMINISTRATION D.B.N.

File No. _____

Deceased.

---X

TO THE SURROGATE'S COURT, COUNTY OF BRONX:

It is respectfully alleged:

1. The name, citizenship, domicile (or, in the case of a corporation, its principal office) and interest in this proceeding of the petitioner(s) is (are) as follows:

(a) Name: _____

Domicile or Principal Office: _____
(Street and Number) (City/ Town/Village)

_____
(County) (State) (Zip Code) (Telephone Number) (Email Address)

Interest/Relationship: _____

(b) Name: _____

Domicile or Principal Office: _____
(Street and Number) (City/Town/Village)

_____
(County) (State) (Zip Code) (Telephone Number) (Email Address)

Interest/Relationship: _____

2. The above-named decedent died a domiciliary of _____
(County/State/Country)

on _____.

3. Letters of Administration were issued by this court on _____

to _____.

4. Letters of Administration issued to _____

should be revoked and such person(s) be removed as administrator(s) of the decedent's estate for the following reasons **[see SCPA 711; 719]**:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

5. Letters of Administration d.b.n. should be granted to the following person(s), who is (are) eligible for and entitled to such letters **[see SCPA 707; 1001; 1007]**, to complete the administration of the estate:

Name: _____

Domicile or Principal Office: _____
(Street and Number) (City / Town Village)

_____
(County) (State) (Zip Code) (Telephone Number) (Email Address)

Interest/Relationship: _____

Citizen of _____

Is proposed Administrator d.b.n. an attorney? [ ] Yes [ ] No **[If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of Attorney-Fiduciary).]**

[Attach rider if space is needed to fit more than one proposed Administrator d.b.n.]

[Note: For Items 6(a) through 6(c): Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

6. (a) The total estimated gross value of the decedent's personal property passing by intestacy and in need of administration is less than. . . . . $_____.

A brief general description of each item of personal property is as follows:

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

(b) The total estimated gross value of the decedent's real property in this state, passing by intestacy and in need of administration, which is [ ] improved, [ ] unimproved, is less than . . . . . $_____.

A brief description of each parcel is as follows:

_____ $_____

_____ $_____

_____ $_____

(c) The estimated gross rents receivable on decedent's real property for a period of 18 months is the sum of

$_____.

(d) In addition to the value of the personal property stated in paragraph (6) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: **[Write "NONE" or state briefly the cause of action and the person against whom it exists, including names and carrier]**

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here [ ] and furnish names(s) and address(es) of parent(s) in Paragraph 7. **[see EPTL 5-4.4]**

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office addresses and citizenship are as follows:

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is predeceased, give name, date of death, and relationship of the ancestor to the decedent. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.16(b).

If any person listed in paragraph (7) is a non-marital person, or descended from a non-marital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B.]

7. (a) The following are of full age and under no disability: **[If non-marital or adopted-out person, so indicate by attaching Schedule A and/or B]**

Name	Relationship	Domicile and Mailing Address	Citizen of

7. (b) The following are infants and/or persons under disability: **[Attach applicable Schedule A, B, C and/or D]**

Name	Relationship	Domicile and Mailing Address	Citizen of

7. (c) The following distributees have died after decedent's death (post-deceased): **[Attach Schedule D(a)]**

Name	Relationship	Last Domicile (permanent address)	Date of Death

8. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

9. There are no outstanding debts or funeral expenses, except: **[Write "NONE" or itemize]**

_____ $_____ _____ $_____

_____ $_____ _____ $_____

_____ $_____ _____ $_____

WHEREFORE, your petitioner(s) respectfully prays that process issue to all necessary parties to show cause why the court should not: **[Check and complete all relief requested]**

[ ] a. Revoke the Letters of Administration issued to _____

_____;

[ ] b. Grant Letters of Administration d.b.n. to _____

_____

or to such other person or persons having a prior right as may be entitled thereto, and
[ ] that a bond be dispensed with and I hereby specifically release any claim I might have under a bond that may be filed, or
[ ] that a bond in the amount of $_____ be filed;

[ ] c. Issue an order dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and whose names or whereabouts are unknown and cannot be ascertained **[see SCPA 1003(4)]**;

[ ] d. That the authority of the representative under the foregoing Letters be limited with respect to the prosecution of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate;

[ ] e. That the authority of the representative under the foregoing Letters be limited as follows:

[ ] f. **[State any further relief requested]**

Dated: _____

1. _____
(Signature of Petitioner)

_____
(Print Name)

2. _____
(Signature of Petitioner)

_____
(Print Name)

3. _____
(Name of Corporate Petitioner)

_____
(Signature of Officer)

_____
(Print Name and Title of Officer)

VERIFICATION
[For use by a petitioner who does not seek to be appointed administrator d.b.n.]

STATE OF)
COUNTY OF) **ss:**

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

_____
(Signature of Petitioner)

_____
(Print Name)

Sworn to before me this

____ day of _____, 20____

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

Signature of Attorney: _____
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: _____ Email Address: _____

Firm Name: _____ Telephone No.: _____

Address of Attorney: _____

COMBINED VERIFICATION, OATH AND DESIGNATION
[For use by a petitioner who seeks to be appointed administrator d.b.n.]

STATE OF)
COUNTY OF) **ss:**

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. **VERIFICATION**: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. **OATH OF ADMINISTRATOR d.b.n.** as indicated above: I am over eighteen (18) years of age and a citizen of _____; and I will well, faithfully and honestly discharge the duties of Administrator d.b.n. of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. **DESIGNATION OF CLERK FOR SERVICE OF PROCESS**: I do hereby designate the Clerk of the Surrogate's Court of Bronx County, and her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: _____
(Street/Number) (City / Village / Town) (State) (Zip)

_____
(Signature of Petitioner)

On the _____ day of _____, 20___, before me personally came

_____ to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

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

Signature of Attorney: _____
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: _____ Email Address: _____

Firm Name: _____ Telephone No.: _____

Address of Attorney: _____

CORPORATE VERIFICATION

[For use by a corporate petitioner which does not seek to be appointed administrator d.b.n.]

STATE OF)
COUNTY OF) **ss:**

The undersigned, a _____ of
(Title)

_____
(Name of Corporation)

being duly sworn, say:

I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

_____
(Name of Corporate Petitioner)

_____
(Signature of Officer)

_____
(Print Name and Title of Officer)

Sworn to before me this

_____ day of _____, 20____

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

Signature of Attorney: _____
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: _____ Email Address: _____

Firm Name: _____ Telephone No.: _____

Address of Attorney: _____

COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION
[For use by a Bank or Trust Company which is petitioning to be appointed administrator d.b.n.]

STATE OF)
COUNTY OF) **ss:**

The undersigned, a _____ of
(Title)

_____
(Name of Bank or Trust Company)

a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn, says:

1. **VERIFICATION**: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. **CONSENT**: I consent to accept the appointment as Administrator d.b.n. of the decedent described in the foregoing petition and consent to act as such fiduciary.

3. **DESIGNATION OF CLERK FOR SERVICE OF PROCESS**: I do hereby designate the Clerk of the Surrogate's Court of Bronx County, and her successor in office, as a person on whom service of any process issuing from such Surrogate's Court may be made, in like manner and with like effect as if it were served personally upon me, whenever I cannot be found within the State of New York after due diligence used.

_____
(Name of Corporate Petitioner)

_____
(Signature of Officer)

_____
(Print Name and Title of Officer)

On the _____ day of _____ , 20_____ , before me personally came _____ to me known, who duly sworn to the foregoing instrument and who did say that he/she resides at _____ and that he/she is a _____ of _____ the corporation/national banking association described in and which executed such instrument, and the he/she signed his/her name thereto by order of the Board of Directors of the corporation.

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

Signature of Attorney: _____
(As required by Part 130 of the Rules of the Chief Administrator)

Print Name: _____ Email Address: _____

Firm Name: _____ Telephone No.: _____

Address of Attorney: _____

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

X

Proceeding to Revoke Letters of Administration and Grant Letters of Administration d.b.n.

WAIVER AND CONSENT

Estate of

a/k/a

Deceased. **File No.** _____

X

The undersigned, being of full age and sound mind, having an interest in this proceeding, hereby appears and waives the issuance and service of citation in this proceeding, and consents that the court

Revoke the Letters of Administration issued to _____, and

Grant Letters of Administration d.b.n. to _____
or to such other person or persons having a prior right as may be entitled thereto, and consents

- ☐ that a bond be dispensed with and hereby specifically release any claim I might have under any bond that may be filed; or
- ☐ that a bond in the amount of $ _____ be posted.

[State any further relief consented to]

_____	_____	_____
Signature	Street Address	Date
_____	_____	_____
Print Name	Town/State/Zip	Interest

STATE OF
COUNTY OF **ss.:**

On _____, 2____, before me personally appeared _____
to me known and known to me to be the person described in and who executed the foregoing waiver and consent and each duly acknowledged the execution thereof.

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

_____
Name of Attorney

_____
Address

_____

_____
Telephone No.

(3/16)

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 OF	*ORDER THAT CITATION ISSUE*
	FILE NO. _____
Deceased.	

On reading and filing the petition of _____ _____ verified the _____day of _____, _____, praying

~~*Deceased*~~*, it is*

ORDERED *that a citation issue to all interested parties returnable on a day therein designated then and there to show cause why the prayer of said petition should not be granted.*

ENTER:

_____
Surrogate

MISCELLANEOUS CITATION

File No. _____

SURROGATE'S COURT: BRONX COUNTY
CITATION

THE PEOPLE OF THE STATE OF NEW YORK
By the Grace of God Free and Independent,

TO: _____

_____

being persons interested In this proceeding 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 resides at _____,

THIS CITATION MUST BE SERVED WITH THE COURT'S VIRTUAL APPEARANCE NOTICE.

THE AFFIDAVIT OF SERVICE MUST STATE THAT THE CITATION AND VIRTUAL APPEARANCE NOTICE WERE SERVED ON THE CITED PARTY.

YOU ARE HEREBY CITED TO SHOW CAUSE by making a **virtual** or **in-person appearance** before the Surrogate's Court, Bronx County, located at 851 Grand Concourse, Courtroom 406, Bronx, New York 10451, on the _____ day of _____, 20___ at ____ (a.m.)(p.m.),

WHY [insert all relief here]

Hon. Nelida Malavé-Gonzalez, Surrogate

Dated, Attested and Sealed,
_____, 20___

_____
, Chief Clerk

_____
(Seal)

Name of Attorney or Petitioner _____ Tel. No._____

Address of Attorney: _____ E-Mail: _____

Note: This citation is served upon you as required by law. You are not obligated to appear. If you fail to appear, it will be assumed that you do not object to the relief requested. You have the right to have an attorney-at-law appear for you.

File # _____

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

_____X

PROCEEDING FOR
Estate of

a/k/a

Deceased.

_____X

SCHEDULE A
NON-MARITAL PERSONS
(PERSONS BORN OUT OF WEDLOCK)

[NOTE: Non-marital children (or their issue) who would be distributees if they (or their ancestors) were born in wedlock will not be regarded as distributees unless satisfactory proof is submitted establishing paternity]. See EPTL 4-1.2 which sets forth methods of establishing paternity.

Name of alleged distributee: _____

Date of birth: _____ Relationship to decedent: _____

Name of father: _____

Name of mother: _____

Does the birth certificate contain the father's name? Yes [ ] No [ ] If yes, attach copy of birth certificate.

Has an order of filiation establishing paternity been entered? Yes [ ] No [ ] If yes, attach copy of order.

Did the Non-marital person live with his or her father? Yes [ ] No [ ] If yes, give dates and places of residence:

_____

_____

_____

_____

File # _____

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

_____X

PROCEEDING FOR
Estate of

SCHEDULE B
ISSUE OF THE DECEDENT WHO WERE THE SUBJECT OF AN ADOPTION

a/k/a

Deceased.

_____X

Name of child: _____

Relationship to decedent prior to adoption: _____

Date of adoption: _____

Was this a step-parent adoption? (i.e. was the child adopted by the spouse of the decedent's former spouse?) Yes [ ] No [ ]

If yes, name of adoptive father or mother: _____

If not a step-parent adoption, indicate below the biological relationship of the adoptive parent to the child:

[ ] grandparent(s)

[ ] brother or sister

[ ] aunt or uncle

[ ] first cousin

[ ] nephew or niece

Name of the adoptive parent: _____

File # _____

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

_____X

PROCEEDING FOR **SCHEDULE C**
Estate of **INFANTS**

a/k/a

Deceased.

_____X

[NOTE: Please furnish all of the information requested, otherwise the petition may be rejected.]

Name: _____ Date of birth: _____

Relationship to the decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of father: _____ Is he alive? _____

Does infant have a court appointed guardian? Yes [ ] No [ ]

If yes, name and address of guardian: _____

_____

Name: _____ Date of birth: _____

Relationship to the decedent: _____

With whom does the infant reside? _____

Name of mother: _____ Is she alive? _____

Name of father: _____ Is he alive? _____

Does infant have a court appointed guardian? Yes [ ] No [ ]

If yes, name and address of guardian: _____

_____

File # _____

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

_____**X**

PROCEEDING FOR
Estate of

a/k/a

Deceased.

_____**X**

SCHEDULE D
PERSONS UNDER DISABILITY
OTHER THAN INFANTS

[use additional sheets if more than one]

1. Name: _____ Relationship: _____

   Residence: _____

   With whom does this person reside? _____

   If this person is in prison, name of prison: _____

   Does this person have a court appointed fiduciary? Yes [ ] No [ ]

   If yes, give name, title and address: _____

   _____

   If no, describe nature of disability: _____

   _____

   If no, give name and address of relative or friend interested in his or her welfare:

   _____

2. Whereabouts unknown/Unknowns [persons whose addresses or names are unknown to petitioner; if known, give name and relationship to decedent]

File # _____

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

_____X

PROCEEDING FOR
Estate of

SCHEDULE D(a)
DISTRIBUTEE WHO
POST-DECEASED DECEDENT

a/k/a

Deceased.

_____X

1. Name _____ Date of Death _____

Relationship to decedent _____

Last permanent address (domicile) _____

(Attach photocopy of death certificate)

2. Is there a court-appointed fiduciary (Executor, Administrator, Personal Representative) for this person's estate?

Yes _____ [complete 3(a), skip 3(b)] No _____ [complete 3(b), skip 3(a)]

3(a). Name of Fiduciary Address Citizenship Court

_____

_____

(Attach Letters/Certificate of Appointment: Court certified copy if fiduciary is petitioner, photocopy if not)

3(b). List the post-deceased person's distributees (heirs):

Name Address Citizenship Relationship

_____

_____

_____

_____

_____

_____

(If seeking that a bond be dispensed with or reduced, file waivers and consents [form A-8] by persons in 3(a) or 3(b). If not, serve them with Notice of Application [form A-3].

(11/11)