INSTRUCTIONS FOR OPENING A SAFE DEPOSIT BOX

Please submit the following to the Bronx Surrogate's Court, 851 Grand Concourse, Bronx, NY 10451, Attn: Probate Department

☐ **An original death certificate (not a copy)**

☐ **The Petition to Search Safe Deposit Box (2 pages)**
*(Please ensure that the **Notary Public** properly lists the State of and County of where you are physically located when the notary is witnessing your signature and that the notary license has not expired. There is a free notary public in Room 118 of this Courthouse)*

☐ **One money order** in the amount of $20.00, plus $6.00 for each certified copy of the order(s). Make the money order payable to the Bronx Surrogate's Court. Be sure to include your name and the name of the Estate (person who died) on your money order.**

☐ **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, will be required. Do not remove the staples from an Original Will when photocopying.**

☐ **A self-addressed stamped envelope so that we can mail you the signed order.**

☐ **Include your telephone number on page 2 of the petition.**

** This application should be done before any others. Note, the Order that will be signed by the Surrogate is only to **inspect** the box. To remove the contents of the box, you will have to submit a **different** application and provide the inventory that the bank will give you which shows what is inside the box.*

***Do not mail cash.*

Fee Pd _____
Receipt No. _____

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

IN THE MATTER OF THE APPLICATION TO SEARCH A SAFE DEPOSIT BOX FOR THE WILL OR OTHER PAPERS OF

_____,

Deceased.

PETITION TO SEARCH SAFE DEPOSIT BOX

FILE # _____

To the Surrogate's Court of Bronx County, it is respectfully alleged:

(1) The name and domicile of the petitioner is as follows:

Name: _____

Domicile or if a financial institution, Principal Office:

_____
(Street address) *(City, Town or Village)* *(County)* *(State)* *(Zip)* *(Telephone Number)*

Mailing address, if different from domicile, is: _____

(2) The petitioner is [*indicate*] [ ] the nearest surviving distributee of the decedent [ ] the executor named in the decedent's will [ ] has an interest in the decedent's estate as follows:

(3) The name, date, place of death, and domicile of the decedent are as follows:

Name: _____ Date of death: _____

Place of death: _____

Domicile: _____
(Street address) *(City, Town or Village)* *(P.O. if different)* *(State)* *(Zip)*

(4) The decedent has a safe deposit box in the vault of _____, a banking corporation doing business in _____ County, New York. Petitioner is informed and believes that the decedent left a will or other papers in the safe deposit box.

Wherefore petitioner prays that an Order be made pursuant to SCPA § 2003 permitting the petitioner, and/or petitioner's designee, _____, in the presence of an officer of the banking corporation, to examine the safe deposit box for the purposes of ascertaining if the decedent's will is contained therein, and to obtain a deed to a burial plot and any insurance policies made payable to a named beneficiary, and further directing the petitioner to make an inventory of the contents of the safe deposit box.

Dated: _____, 20___

_____
Signature of Petitioner

STATE OF)

COUNTY _____)

_____, being duly sworn, says:

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 matters stated to be alleged upon information and belief and as to those matters I believe it to be true.

_____
Signature of Petitioner

Sworn to before me this

_____ day of _____, 20____

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

Signature of Attorney: _____

Print Name:_____ Tel No.:_____

Firm Name:_____

At a Surrogate's Court, held in and for the

INSTRUCTIONS FOR COMPLETING AN AFFIDAVIT OF HEIRSHIP
(complete in Black or Blue Ink only, print clearly)

An Affidavit of Heirship provides the Surrogate's Court with information about the decedent's family. It is used when there is only one distribute (heir) listed in the application and as requested by the Court.The Affidavit of Heirship **must** be completed by a disinterested person (this person should not be one of the persons to inherit from the estate). The person completing the form must have known the deceased person for at least **10 years** and **cannot** be the spouse or the child(ren) of the Petitioner (person filing).

ANSWER EACH QUESTION ON THE FORM

Notary Section: State and **County** = where this document is being notarized. **MUST BE COMPLETED BY THE NOTARY PUBLIC, not by the person completing the form. This tells the court where the person signing was physically located when their signature was witnessed by the notary public.**

Estate = Name of the Deceased person

I, = Your Name (should be the same as your unexpired ID when you appear before the notary)

Address and **Telephone Number**

The number of years you knew the deceased (**must be at least 10 years**)

Your **relationship** to deceased and their **full name.**

Question #1
The basis should include a short explanation about the personal relationship that you shared with the decedent and how you would know the answers to these questions (for example, briefly explain quality time spent with the decedent, shared conversations and life events such as parties, holidays, family functions etc.)

Question #2
a) if there is a spouse list the full name of the spouse. If none, state **NONE**.
b) if there is a child list the full name of the child. If none, state **NONE**.
c) if there is an adopted child list full name of the adopted child. If none: State **NONE**.

Note, step-children should not be listed.

Question #3
The full name of each parent must be listed. If exact date of death is unknown, state when the parent died if before, state pre-deceased or after, state post-deceased.

Question #4
List the full name of sister or brother, if alive. If any sibling(s) died, then include their children's full name (niece or nephew). Siblings include whole or half-siblings, do not include step-siblings unless they were adopted.)

Questions #5
Full name of decedent's grandparents on both sides (maternal and paternal). If deceased, state **NONE**. If not known, state **UNKNOWN**.

Ouestions #6
Full name of decedent's aunts or uncles. If deceased, state **NONE**. If not known, state **UNKNOWN**.

Question #7
State **NONE**, unless the cousin is the only living heir.

AFFIDAVIT OF HEIRSHIP

State of _____ *Estate of* _____

County 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 *(examples: conversations with decedent or decedent's family members, visits, etc.):*_____

_____

_____

_____

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 of the decedent that was/were adopted by persons related to the decedent, and 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