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

PROCEEDING FOR	:	FILE NO._____
ESTATE OF	:	
	:	SCHEDULE D(a)
a/k/a	:	DISTRIBUTEE WHO
	:	POST-DECEASED DECEDENT
Deceased.	:	

I,_____ residing at _____
_____ being duly sworn, deposes and says:

Name: _____ Relationship _____

Last domicile and mailing address _____

_____

Citizenship:_____

Date of Distributee's death: _____

Does this person have a court-appointed fiduciary? Yes _____ No _____

If yes, give name, title and address, and the court which granted the appointment and attach a court certified copy of the Letters.

_____

_____

_____

If seeking to dispense with bond, please indicate the following information:

Did post-deceased distributee die testate? Yes _____ No _____

Was the Will admitted to Probate? Yes _____ No _____

List the names, addresses and relationship of all his/her beneficiaries (ie., distributees and/or legatees and devisees)

_____

_____

_____

Sworn to before me this
____ day of _____, _____

_____
Signature

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

*(Acknowledged consents to dispense bond are required from all such beneficiaries).

A-5 (04/01)