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

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In the Matter of the Application to Amend
Letters of Administration in the Estate of

PETITION TO AMEND
LETTERS OF ADMINISTRATION
PURSUANT TO EPTL5-4.6(g)

Deceased.

File No.

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TO THE SURROGATE'S COURT, COUNTY OF BRONX

The Petition of _____ respectfully shows that he/she resides at _____ _____, and that Letters of Administration in the above entitled matter were granted to him/her by this Surrogate's Court on the ____ day of _____, 20____.

(Attach a copy of Letters of Administration)

The estate assets as shown in the petition filed for Letters of Administration consisted of real/personal property with a total value of $_____. On _____, the September 11th Victim Compensation Fund ("VCF") issued an award of $_____ to the decedent consisting solely of non-economic loss and reimbursement of funeral expenses. The administrator has accepted the settlement amount and all possible appeals have been exhausted.

(Attach a copy of Award Letter)

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

Name	Relationship	Domicile & Mailing Address	Citizenship

Your Petitioner is duly qualified to serve. All distributees have filed consents to the adequacy of the VCF award [and to dispense with the filing of a bond]. Your Petitioner believes that it is in the best interests of the distributees, the estate of the decedent and those interested therein to accept the award so offered and no other economic relief will be sought from the VCF.

WHEREFORE, your petitioner prays for and seeks an Order directing the following relief:

1. That the limitations on Letters of Administration previously issued to the Petitioner be amended pursuant to EPTL 5-4.6(g) in lieu of a compromise proceeding to provide the Petitioner the authority to settle, collect, and distribute the VCF award in the amount of $_____.

2. That the requirement of the filing of a bond be dispensed with; and

3. That such other and further relief as to this court may seem just and proper in the premises be granted.

Date:

_____
Petitioner

STATE OF)
COUNTY OF)ss.:

_____, the above named petitioner having been duly sworn, deposes and says that s/he is the petitioner herein: that s/he has read the foregoing petition and knows the contents thereof and that the same is true to his/her own knowledge except as to the matters therein stated to be alleged upon information and belief, and that to that matter s/he believes it to be true.

_____
Signature

_____
Print Name

Sworn to before this
_____ day of _____ , 20___

_____
Notary Public

Signature of Attorney: _____ Print Name: _____

Firm Name: _____ Attorney Address: _____

Telephone Number: _____ Email Address: _____

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

----------X

In the Matter of the Application to Amend
Letters of Administration in the Estate of

WAIVER AND CONSENT
PURSUANT TO EPTL 5-4.6(g)

File No.

Deceased.

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The undersigned, a distributee or creditor of the above named decedent and being of full age and sound mind hereby voluntarily appears in this proceeding in the Surrogate's Court of County, New York; waives the issuance and service of citation in this matter; agrees that the award in the amount of $_____ issued by the September 11th Victim Compensation Fund in award letter dated _____ is an adequate and acceptable award, consisting solely for non-economic losses and reimbursement of funeral expenses; and consents to the following relief:

[ ] that the limitation of the Letters of Administration previously issued to the Petitioner be removed to provide the Petitioner unrestricted authority to settle, collect, and distribute the award of the September 11th Victim Compensation Fund in the amount of $_____ in lieu of filing a compromise proceeding;

[ ] that the requirement of the filing of a bond be dispensed with; or

[ ] that a bond in the amount of $_____ be posted

[ ] that such other and further relief as this court may seem just and proper in the matter is granted.

_____	_____	_____	_____
Date	Signature	Print Name	Relationship

_____	_____	_____
Street Address	Telephone Number	Email Address

STATE OF NEW YORK
COUNTY OF_____ss.:

On_____,20_____, before me personally appeared_____

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

_____
Notary Public
Commission Expires:

Signature of Attorney: _____ Print Name: _____

Firm Name: _____ Attorney Address: _____

Telephone Number: _____ Email Address: _____