ADMINISTRATION PACKET

ESTATES OVER $50,000.00
NO WILL REAL PROPERTY
CAUSE OF ACTION/LAWSUIT PENDING

DOCUMENTS REQUIRED TO BECOME AN ADMINISTRATOR OF A DECEDENT'S ESTATE

PLEASE **READ ALL FORMS FIRST** TO ENSURE THAT YOU HAVE ALL THE INFORMATION ON HAND BEFORE SUBMITTNG YOUR DOCUMENTS TO:

BRONX COUNTY SURROGATE'S COURT
851 GRAND CONCOURSE, RM 320, BRONX, NEW YORK 10451, ATTN: ADMINISTRATION DEPARTMENT
HTTP://WEBSURROGATES.NYCOURTS.GOV EMAIL: BRONXSURR-ADMINISTRATION@NYCOURTS.GOV

PLEASE SUBMIT ALL OF THE REQUIRED DOCUMENTS BELOW ALONG WITH THE APPROPRIATE FILING FEE.
PLEASE **ANSWER ALL QUESTIONS** ON EACH OF THE FORMS AND MAKE SURE THEY ARE NOTARIZED PROPERLY.
LEAVING BLANK SPACES WILL RESULT IN A DELAY OF PROCESSING YOUR PAPERWORK.

***DOCUMENTS REQUIRED:**

- **ORIGINAL DEATH CERTIFICATE** (THE COURT KEEPS THIS DOCUMENT)
- COMPLETED ADMINISTRATION PETITION WITH A NOTARIZED VERIFICATION OATH AND DESIGNATION
- A COPY OF THE FUNERAL BILL MARKED PAID
- WAIVER, RENUNCIATION AND CONSENT
- SELF-ADDRESSED STAMPED ENVELOPE WITH AT LEAST TWO STAMPS
- FILING FEE FOR THE PETITION IN THE FORM OF A MONEY ORDER OR AN ATTORNEYS CHECK PAYABLE TO: BRONX SURROGATE'S COURT (see attached filing fee chart)

*** A NOTARY PUBLIC IS AVAILABLE ON THE 1ST FLOOR ROOM 118 OF THE COURTHOUSE AT NO CHARGE***

PLEASE NOTE: The Court Clerks CANNOT help you fill out the paperwork in this packet or give you legal advice.
*** IF YOU NEED FURTHER ASSISTANCE, YOU MAY NEED TO CONSULT WITH AN ATTORNEY. ***

ADDITIONAL DOCUMENTS THAT MAY BE NEEDED:

- ☐ AFFIDAVIT OF DELAY (a reason for the delay if it has been more than a one year since the decedent passed away)
- ☐ A COPY OF YOUR BIRTH CERTIFICATE (if you are the son/daughter of the decedent)
- ☐ A COPY OF YOUR MARRIAGE CERTIFICATE (if you're the spouse of the decedent)
- ☐ FAMILY TREE CHART (see attached form)
- ☐ AFFIDAVIT OF HEIRSHIP (to be completed by a disinterested person who knew the decedent 10 years or more)
- ☐ AFFIDAVIT TO DISPENSE WITH A BOND AND/OR AFFIDAVIT OF ASSETS AND LIABILITIES
- ☐ ATTORNEY ADVISORY ON THE WAIVER OF A BOND
- ☐ SCHEDULES: A_____ B_____ C_____ D_____ D(A)_____
- ☐ NOTICE OF APPLICATION FOR LETTERS OF ADMINISTRATION WITH THE AFFIDAVIT OF MAILING
- ☐ AFFIDAVIT OF DUE DILIGENCE ALONG WITH COPIES OF PROOFS
- ☐ NOTICE TO CONSUL GENERAL
- ☐ CITATION
- ☐ OTHER: Real Property Affidavit, Affidavit of Bondability

PLEASE MAKE SURE ALL DOCUMENTS ARE FILLED OUT COMPLETELY BEFORE SUBMITTING YOUR PAPERWORK
INCOMPLETE SUBMISSIONS WILL BE RETURNED TO YOU
PETITIONS ARE NOT REVIEWED AT THE COUNTER
**** PETITIONS ARE REVIEWED IN DATE ORDER OF RECEIPT****
WE WILL CONTACT YOU IF ANY FURTHER INFORMATION IS NEEDED

Administrator Bond Information

Please note, as part of an Administration filing, for cases where there was no Last Will and Testament or if there was a Will that has language requiring a bond be posted, your application will first be reviewed and then the Court will issue a Decree.

The Decree will tell you if a bond is needed and the amount for which you need to be bonded.

An **Administrator bond** is basically an insurance policy to be certain that the Administrator carries out their responsibilities and pays back any money owned by the Decedent and pays out the inheritance to those legally entitled to receive it out of the Estate assets owned by the person who died. The Administrator should understand that a surety bond (Administrator Bond) may be imposed, usually in the amount of the assets that were listed in the application. If duties are not carried out, the Surety Bond Company may elect to pay out the estate assets in the same way that the Administrator should have and then seek reimbursement from the Administrator.

The Surety Bond Company will tell you the fee they will require based on the amount in which you are bonded by the Court and other factors including your credit. **The Surety Bond Company must cover New York estate filings.**

To file an Administrator Bond with the Court, there is a filing fee of $30.00 which is **separate** from the fee to be paid to the Bond company.

Please Note, the Court is *not permitted to recommend a particular Surety Bond Company*, However, the link below contains a list of Surety Bond companies that are government certified. **https://www.fiscal.treasury.gov/surety-bonds/listcertified-companies.html**

If you have legal questions about your Administrator responsibilities, please speak to your attorney or a Trust & Estate attorney.

SURROGATE'S COURT OF THE COUNTY OF NEW YORK
ADMINISTRATION DEPARTMENT - ROOM 320
Bronx Surrogate's Court
851 Grand Concourse
Bronx, New York 10451

www.nycourts.gov

COURT FEES

(Partial fee schedule; for full schedule, see SCPA 2402)

Fees for filing petitions for Letters of Administration and Ancillary Letters of Administration are based on the value of the estate:

Value of Estate	Fee Rate
Less than $ 10,000	$ 45.00
10,000 but under 20,000	75.00
20,000 but under 50,000	215.00
50,000 but under 100,000	280.00
100,000 but under 250,000	420.00
250,000 but under 500,000	625.00
500,000 and over	1,250.00

The fee for filing a Small Estate Affidavit is $ 1.00

The fee for filing a petition for Letters of Administration d.b.n. is $ 45.00

The fee for filing a Petition to Amend Letters of Administration, if any, is based on the amended value of the estate, reduced by the fee previously paid. **Plus $45**

•Fees may be paid by Credit-Debit via EFILE/NYSCEF, Money Order, Bank or Attorney's Check (No Personal Checks).
Make checks/money orders payable to: Bronx County Surrogate's Court

•The Letters or Certificates issued by the Court upon the completion of the proceeding will be automatically mailed to you if you submit a self-addressed stamped envelope with the petition (business size - 2 stamps).

The fee for a Certificate of Appointment is $6.00 (each).

•A Certificate of Appointment is valid for 6 months and can be purchased at any time after an Administrator is appointed (see Cashier Dept). They can also be pre-paid* for at the time of filing the petition (*self-addressed stamped envelope is required).

Administration Proceeding Checklist

(see Surrogate's Court Form A-1, rev. 12/98)

This Checklist is provided for your convenience while completing the petition and the checklist should not be returned to the Court.

Check All Forms To Make Sure Venue Is Correct - Appropriate County Is Listed
Fill In All Areas On All Pages of Petition - Also Mark When Not Applicable Where Necessary

PET ¶ #	DESCRIPTION	YES	NO
	Is the captioned name exactly the same as it appears on the Death Certificate?		
	If A/K/A's, are they listed in the caption and also under ¶2 of petition?		
	Has the type of Letters been checked?		
1.	**Is the petitioner eligible to act and qualify pursuant to SCPA §1001?**		
	(a) surviving adult spouse of decedent (b) adult child (c) adult grandchild (d) parent (e) brother or sister (f) any other person who is a distributee and who is eligible to qualify (g) others as set forth in SCPA §1001(3) to (9)		
	Check citizenship		
	NOTE: A Non-domiciliary alien is ineligible to act as a sole fiduciary [see SCPA §707]		
	Has the interest of the petitioner been checked and specified?		
	Is the proposed administrator an attorney?		
	If so, has a statement been provided pursuant to 22NYCRR 207.16(e)?		
	NOTE: Latter will need an accounting [see 22NYCRR 207.52]		
2.	**Does the information under ¶2 of the Petition agree with the death certificate?**		
	(certified copy of death certificate must be filed with petition)		
	(a) if address on petition does not agree with death certificate, has an explanatory affidavit been filed [see SCPA §206-208]		
	(b) if decedent was a non-domiciliary of the State, has an explanatory affidavit and a request for non-domiciliary treatment been filed setting forth the following:		
	(1) statement that no original probate or administration proceeding has been or will be filed in any jurisdiction		
	(2) statement that the decedent left estate assets in this jurisdiction		

PET ¶ #	DESCRIPTION	YES	NO
2. cont.	(3) statement listing the distributees in the domiciliary jurisdiction or that they are the same as under New York State Law		
3.	**Has everything been answered?**		
	(a) & (b) is all property in decedent's name alone? do not include: jointly held property with right of survivorship; property held in trust for another; assets that have a named beneficiary		
	(c) estimated rent for 18 months has to be included; this amount needs to be considered in determining whether a bond is required and if so, the amount of the bond		
	(d) if there is a pending or contemplated cause of action on behalf of the decedent, has all information requested in petition been provided?		
	(e) has it been checked, if so, is information provided under ¶7 of Petition?		
4.	**This paragraph states that a diligent search has been made to find a will.**		
5.	**Were the court's records searched for a will for safekeeping or an estate/file previously opened? [See SCPA §2507 and §2508]**		
6.	***NOTE: <u>Distributee:</u> Any person entitled to take or share in property under EPTL §4-1.1 and 4-1.2. (SUBMIT A FAMILY TREE IF REQUIRED BY THE COURT.)***		
	Has the number of survivors been listed?		
	Has "<u>NO</u>" been inserted in all prior classes?		
	Has an "<u>X</u>" been inserted in all subsequent classes?		
	NOTE: If alleged that the decedent was survived by no distributee or only one distributee or where the relationship of distributees to the decedent is grandparents, aunts, uncles, first cousins or first cousins once removed, has an Affidavit of Heirship been submitted - see Court Rules 207.16(c). NOTE: If there are any deceased distributees, provide a copy of the death certificate or provide the date of death.		
7a.	**Are all distributees or other necessary parties who are of full age and under no disability listed with required information? [see Court Rules §207.16(b)]**		
	<u>Renunciation and Waiver:</u> Renunciation of letters of administration and waiver of process may be submitted from any adult, competent person who has a prior or equal right to letters of administration and must consent to the granting of all relief in the "wherefore clause" of the petition. Waivers must be signed and acknowledged. If letters of administration are to be granted to a designee, the name of such designee must be inserted. (Form A-8 to be used by individuals and Form A-9 from a Corporation [example: funeral director and creditors]).		

PET ¶ #	DESCRIPTION	YES	NO
7a. cont.	**If non-marital or adopted-out person, has Schedule A and/or B been attached to Petition?**		
	Notice of Application for Letters of Administration: This notice (Form A-3) must be given to all those listed in the petition who have a right to letters inferior to that of the nominated administrator, or persons who share in the decedent's estate as distributees, but are not eligible to receive letters. If any of these have waived, notice to them is not required. An original affidavit of mailing must accompany the filed notice.		
NOTE: ALL INTERESTED PARTIES MUST CONSENT THAT BOND BE DISPENSED WITH OR FILING OF BOND WILL BE REQUIRED.			
7b.	**Same as 7a above but are persons under disability**		
	Are infants and persons under disability listed with required information?		
	Are Schedules A, B, C and/or D attached?		
	NOTE: FOR INFANTS (Attach copy of birth certificate if required by court)		
	NOTE: IF THERE IS A COURT-APPOINTED GUARDIAN (FIDUCIARY) SUBMIT PROOF OF APPOINTMENT.		
	NOTE: IF THERE ARE UNKNOWNS, the following proof has to be submitted: affidavit showing that diligent efforts have been made to locate unknown distributees or distributee whose whereabouts are unknown [see Court Rules §207.16(d)]		
	"DILIGENT SEARCH" requires extensive research, e.g.: cemetery and marriage records; telephone books, conversation with other distributees, neighbors, etc.; records of varied Surrogate's Courts; military records; Bureau of Immigration & Naturalization; Social Security Administration; Bureau of Vital Statistics; Department of Motor Vehicles; Bureau of the Census; City directories, Internet		
	NOTE: PURSUANT TO SCPA §1003(4) Jurisdiction over unknown distributees or distributees whose whereabouts are not known need not be secured prior to the issuance of letters, but is required by publication of citation in the accounting proceeding. The Decree granting Administration must so state.		
8.	**Make sure outstanding debts or funeral expenses are listed (attach copy of funeral bill if paid). If no outstanding expenses, so state. If outstanding expenses, use Form A-9.**		
9.	**Under WHEREFORE Clause: has all relief requested been checked and completed?**		
	Is petition dated, signed, verified, properly notarized (including proper jurat and expiration date of notary's commission)?		

PET ¶ #	DESCRIPTION	YES	NO
9. cont.	**Is Combined Verification, Oath and Designation signed?**		
	does it set forth proposed fiduciary's physical address?		
	Is proposed fiduciary a bank? (submit a Consent and Designation)		
	Is attorney's name, address and phone number listed?		
	Is Part 130 Certification completed by attorney or self-represented party?		
	if NOT, has a separate certification as to Part 130 signing requirements been included?		
If forms are computer generated, has a certification pursuant to Court Rules §207.4 been attached?			

PARTIAL FEE SCHEDULE		SCPA/EPTL§ or Rule #
Have the proper fees been included with petition?		2402
Fees per schedule; $6.00 for each Certificate of Appointment.		
Filing fee is based upon the values of the estate owned individually by the decedent or payable to the Estate - see SCPA §2402(8)		
0 but under 10,000	$ 45.00	
10,000 but under 20,000	75.00	
20,000 but under 50,000	215.00	
50,000 but under 100,000	280.00	
100,000 but under 250,000	420.00	
250,000 but under 500,000	625.00	
500,000 and over	1,250.00	

COMMENTS AND COURT NOTES		Form Number	SCPA/EPTL§ or Rule #
When Permitted	Whenever decedent dies without a Will, OR Will filed with Court is not offered for Probate.		1001-1004
Forms Always Required	•Petition for Administration	A-1	1402
	•Oath and Designation	A-1	
	•Death Certificate		207.15(b)
	•Copy of paid funeral bill or Waiver from funeral director	A-9	
	•Self-addressed stamped envelope (if court requires)		

COMMENTS AND COURT NOTES (continued)		Form Number	SCPA/EPTL§ or Rule #
Forms or Documents Sometimes Required	•Administration Citation	A-2	1003
	•Waiver, Renunciation & Consent:		1003(3)
	Individual	A-8	
	Corporation	A-9	
	•Notice of Application for Letters Administration	A-3	1005
	•Affidavit of Mailing Notice of Application	A-4	
	•Notice to Consul General	A-5	207.21
	•Affidavit of Regularity	A-7	
	•Attorney/Fiduciary Affidavit		207.16(e)
	•Affidavit of Due Diligence for Publication		207.16(c)
	•Affidavit of Service	A-10	307
	•Bond		801-805
	•Family Tree Chart	FT-1	207.16(d)
	•Affidavit of Sole Heirship		207.16(c)
	•Death Certificate of deceased spouse, distributee		207.15(c)
	•Obituary Notice (if court requires)		

If the assets exceed $30,000 and one or more distributees refuse to consent that the Administrator serve without bond (or are unable to consent by reason of their being under disability) it may be necessary to obtain a fiduciary bond. See SCPA Article 8.

Proofs of Service of Citation must be filed with the Court at least two (2) working days before the return date.

Guardian Ad Litem will be appointed on or before the return day of process for all unknowns and persons under disability (SCPA §403).

Letters will not be delivered until Notice of Application *(if required)* and Mailing Affidavit are filed.

Review carefully instructions to paragraphs 6 and 7 of the Petition and be sure interested parties are listed in the correct places.

Documents signed by Power of Attorney (Provide certified copy of POA and comply with Section 13-2.3 EPTL and 207.48 Uniform Rules).

Check to be certain all documents are properly acknowledged.

THIS MATERIAL IS PROVIDED FOR INFORMATIONAL/TRAINING PURPOSES ONLY. – It is intended for use in conjunction with review of the applicable statutes and rules of the Surrogate's Court and the Surrogate's Court Operations Manual.

For Office Use Only

Filling Fee Paid $_____

_____ Certs $_____

$_____ Bond, Fee:_____

Receipt No: _____ No: _____

DO NOT LEAVE ANY ITEMS BLANK

SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF_____

----------X

ADMINISTRATION PROCEEDING,

Estate of

a/k/a

Deceased

PETITION FOR LETTERS OF:

[ ] Administration

[ ] Limited Administration

[ ] Administration with Limitations

[ ] Temporary Administration

File No. _____

----------X

TO THE SURROGATE'S COURT, COUNTY OF _____

It is respectfully alleged:

1. The name,domicile and interest in this proceeding of the petitioner,who is of full age,is as follows:

Name: _____

Domicile: _____
(Street Address) (City/Town/Village)

_____
(County) (State) (Zip) (Telephone Number)

Mailing address is: _____
(if different from domicile)

Citizenship (check one): [ ] U.S.A. [ ] Other (specify)_____

Interest of Petitioner (check one):

[ ] Distributee of decedent (state relationship)_____

[ ] Other(specify) _____

Is proposed Administrator an attorney? [ ] Yes [ ] No

[If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

The proposed Administrator [ ] is [ ] is not a convicted felon nor is he/she otherwise ineligible, pursuant to SCPA 707 to receive letters.

If the proposed Administrator is a convicted felon,submit a copy of the Certificate of Relief from Civil Disabilities.

2. The name,domicile,date and place of death, and national citizenship of the above-named decedent are as follows:
[The Death Certificate must be filed with this proceeding. If the decedent's domicile is different from that shown on the death certificate, check box [ ] and attach an affidavit explaining the reason for this inconsistency.]

Name: _____

Domicile: _____
(Street Number) (City,Village/Town)

_____
(State) (Zip Code)

Township of:_____ County of: _____

Date of Death:_____ Place of Death: _____

Citizenship: (check one): [ ] U.S.A. [ ] Other (specify)_____

[Note: For Items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3.(a) The estimated gross value of the decedent's personal property passing by intestacy is less than

$_____

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

$_____

A brief description of each parcel is as follows:

_____

(c) The estimated gross rent for a period of eighteen (18) months is the sum of$ _____

(d) In addition to the value of the personal property stated in paragraph (3) 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 the rein: **[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 EPTL5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box,has been made for a will of the decedent and none has been found. Petitioner(s)(has)(have) been unable to obtain any information concerning any will of the decedent and therefore allege(s),upon information and belief,that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL4-1.1 and 4-1.2:

a. [ ]Spouse(husband/wife).

b. [ ] Child or children or descendants of predeceased child or children. **[Must include marital, nonmarital and adopted].**

c. [ ] Any issue of the decedent adopted by persons related to the decedent (DRLSection117).

d. [ ]Mother/Father.

e. [ ] Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.

f. [ ]Grandmother/Grandfather.

g. [ ] Aunts or uncles, and children of predeceased aunts and uncles (first cousins).

h. [ ] First cousins once removed (children of firstcousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL4-1.1.State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].

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

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, 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 an on marital person,attach a copy of the order affiliation 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].

7a. 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	Citizenship Mailing Address

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

Name	Relationship	Domicile and Mailing Address	Citizenship Mailing Address

8 There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

9. There are no other persons interested in this proceeding other than those here in before mentioned.

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested]

( ) a. process issue to all necessary parties to show cause why letters should not be issued as requested;

( ) b. an order be granted 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 who are non-domiciliaries or whose names or whereabouts are unknown and cannot be ascertained;

( ) c. a decree award Letters of:

[ ] Administration to _____

[ ] Limited Administration to _____

[ ] Administration with Limitation to _____

[ ] Temporary Administration to _____

or to such other person or persons having a prior right as may be entitled thereto, and;

( ) d. That the authority of the representative under the forgoing Letters be limited with respect to the prosecution or enforcement 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 other relief requested.] _____

_____

Dated: _____

1._____
(Signature of Petitioner)

_____
(Print Name)

2. _____
(Signature of Petitioner)

_____
(Print Name)

STATE OF NEW YORK)

) ss:

COUNTY OF)

COMBINED VERIFICATION, OATH AND DESIGNATION

[For use when petitioner is to be appointed administrator]

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

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well,faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible, pursuant to SCPA707,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 his/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: _____

Print Name: _____

Firm Name:_____ Tel.No.: _____

Address of Attorney: _____

FAMILY TREE

Cross Out Class That is Not Applicable	Children *or* Brothers/Sisters	Grandchildren *or* Nieces/Nephews	Great Grandchildren *or* Grandnieces/Grandnephews

____
Decedent

____
Name of Spouse

____Deceased____________
Date

____Divorced____________
Date

____Never Married

STATE OF NEW YORK
COUNTY OF

________________________ being duly sworn, states that the charts contained on this paper are correct.

____

Sworn to me on ____________________

____

NOTARY PUBLIC

NOTE: Complete reverse side of family tree form also

Form FT-1

Grandparents	Aunts and Uncles	First Cousins (#)	**First Cousins Once Removed (#)
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
_____		(___)_____	(___)_____
Paternal Grandfather	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
_____	_____		
Paternal Grandmother	Father of Decedent		
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
_____		(___)_____	(___)_____
Maternal Grandfather	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
_____	_____		
Maternal Grandmother	Mother of Decedent		

STATE OF NEW YORK
COUNTY OF

_____ being duly sworn, states that the charts contained on this paper are correct.

_____

Sworn to before me on _____

_____

NOTARY PUBLIC

**List First Cousins Once Removed by # that corresponds with deceased first cousin.

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

----------x

Administration Proceeding, Estate of

Deceased.

----------x

File No.:

BONDABILITY AFFIDAVIT

_____ being duly sworn, deposes and says:

1. I am the petitioner in this proceeding and reside at: _____

_____.

2. I understand that the Court may require me to obtain a fiduciary bond pursuant to SCPA 805.
3. I am able to obtain such a bond in an amount that is equal or greater than the value of the estate's assets, which I estimate is $_____.
4. I understand that if I am not able to secure the bond required by the Court I may not be permitted to serve as the estate's fiduciary.

Signature: _____

Print Name: _____

Sworn to before me on

_____, 20___
Notary Public

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

----------x

Administration Proceeding, Estate of

File No.:

REAL PROPERTY AFFIDAVIT

Deceased.

----------x

_____ being duly sworn, deposes and says:

1. I am the petitioner in this proceeding and reside at: _____

_____.

2. The decedent died possessed of a _____% interest in real property located at:

_____.

3. The market value of decedent's interest in said property is: $_____ (**attach proof of value**)

4. Said real property is subject to a mortgage in the amount of: $_____ held

by_____.

5. Real estate property taxes are due in the amount of: $_____.

6. The real property is generating rental income for an eighteen (18) month period totaling: $_____.

Check Box that applies:

☐ The real property will be transferred in accordance with the laws of intestacy or will be sold and the net proceeds thereof distributed in accordance with the laws of intestacy, OR

☐ The real property is not being transferred or sold in accordance with the laws of intestacy. Instead, the real property will be distributed to: _____ because:

_____.

Petitioner prays that the filing of a bond by him/her be dispensed with.

Signature:

Print Name:

Sworn to before me on

_____, 20___

Notary Public

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

----------X

ADMINISTRATION PROCEEDING
Estate of

a/k/a

Deceased.

WAIVER OF CITATION,
RENUNCIATION AND CONSENT TO
APPOINTMENT OF ADMINISTRATOR
(INDIVIDUAL)

File No. _____

----------X

The undersigned, a distributee or creditor of the above named decedent and being of full age and sound mind hereby voluntarily appears in the Surrogate's Court of_____County, New York and waives the issuance and service of citation in this matter, renounces all right to Letters of Administration of the above captioned estate and consents that

[ ] Letters of Administration

[ ] Letters of Administration with Limitations

[ ] Limited Letters of Administration

be issued to_____

or any other person or persons entitled thereto without any notice whatsoever to the undersigned, and consents

[ ] that a bond be dispensed with and hereby specifically release any claim I might have under any bond that may be filed

[ ] that a bond in the amount of $_____be posted.

_____	_____	_____	_____
Date	Signature	Street Address	Relationship

_____	_____
Print Name	Town/State/Zip

STATE OF NEW YORK

COUNTY OF_____ss.:

On_____,20_____, 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.

_____
Name of Attorney

_____
_____
Address

_____
Telephone Number

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

A-8

✻ **PLEASE NOTE:** THE PETITIONER CANNOT FILL OUT THE AFFIDAVIT OF HEIRSHIP.

INSTRUCTIONS FOR COMPLETING AN AFFIDAVIT OF HEIRSHIP
(complete in Black 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 ALL QUESTIONS ON THE FORM INCLUDING THE FOLLOWING:

Notary Section: State and **County** = where this document is being notarized. **MUST BE COMPLETED BY THE NOTARY.**

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 summary about the personal relationship that you shared with the decedent (i.e. 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.**

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.**

Questions #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.

MAKE SURE THAT THE DOCUMENT IS PROPERLY NOTARIZED (SEE ABOVE) AND THAT THE NOTARY STAMP HAS NOT EXPIRED. KEEP THESE INSTRUCTIONS FOR YOUR RECORD ALONG WITH A COPY OF WHAT YOU SUBMIT TO THE COURT.

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