

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

----- X
VOLUNTARY ADMINISTRATION, Estate of

_____,
Deceased.
----- X

**AFFIDAVIT IN RELATION
TO SETTLEMENT OF
ESTATE UNDER
ARTICLE 13, SCPA**

File
No. _____
(as of 6/91) *

STATE OF NEW YORK)
)ss.:
COUNTY OF _____)

(INSTRUCTIONS: In completing this form, answer each question. This may be done in some instances by crossing out words in parenthesis and in some instances by inserting the required information.)

I, _____, being duly sworn, depose and say:

(1) My domicile is _____
(Street Address) (City/Town/Village)

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

My mailing address is _____
(If different from domicile)

(2) My interest is: Distributee of decedent _____
(Relationship)
 other (Specify) _____

(3) The name, domicile, date, place of death, and citizenship of the decedent, to whose estate this proceeding relates, are as follows:

Name of Decedent (a/k/a, if applicable): _____

Domicile of
Decedent: _____
(Street address) (City/Town/Village) (County) (State)

Date of Death: _____ Place of death: _____
(City/Town/Village) (State)

Citizenship: _____

(4) Decedent Died: Intestate (without a will)
 Testate (the original will is attached)

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

SE-1A * For use only where decedent died before August 29, 1996.

(6) The names and addresses of the decedent's distributees under New York law, including non-marital children and decedents of predeceased non-marital children, and their relationship to the decedent, are as follows:
 (If more space is needed, add a sheet of paper)

<u>Name</u>	<u>Post Office Address, (Including Zip)</u>	<u>Relationship (Indicate if non-marital)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(7) (If decedent had a will) The names and addresses of all beneficiaries in the will of the decedent filed herewith are as follows:

(If more space is needed, add a sheet of paper)

<u>Name</u>	<u>Post Office Address, (Including Zip)</u>	<u>Request</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(8) The value of the entire personal property, wherever located, of the decedent, exclusive of joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), and jointly owned personal property, or property exempt under the EPTL §5-3.1, does not exceed \$10,000.00.

(9) The following, exclusive of joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), and jointly owned personal property, or property exempt under EPTL §5-3.1, is a complete list of all personal property owned by the decedent, either standing in his/her own name or owned by him/her beneficially and including items of value in any safe deposit box. (If more space is needed, add a sheet of paper)

<u>Items of Personal Property Separately Listed</u>	<u>Value of Each Item</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ _____

(10) All the **liabilities** of the decedent known to me are as follows: (If more space is needed, add a sheet of paper)

<u>Name of Creditor</u>	<u>Amount Owed</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(11) I undertake to act as voluntary administrator/trix of the decedent's estate, and to administer it pursuant to Article 13 of the Surrogate's Court Procedure Act. I agree to reduce all of the decedent's assets to possession; to liquidate such assets to the extent necessary; to open an estate bank account in a bank of deposit or savings bank in this state, in which I shall deposit all money received; to sign all checks drawn on or withdrawals from such account in the name of the estate by myself, as voluntary administrator/trix; to pay the expenses of administration, the decedent's reasonable funeral expenses and his/her debts in the order provided by law; and to distribute the balance to the person or persons and in the amount or amounts provided by law. As voluntary administrator/trix, I shall file in this court an account of all receipts and of disbursements made.

(12) I understand that this proceeding will not determine the estate tax liability, if any, in the event that the decedent had any interest in real property or any joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), or jointly or trust property.

(13) If letters testamentary or of administration are later granted, I acknowledge that my powers as voluntary administrator/trix shall cease, and I shall deliver to the court appointed fiduciary a complete statement of my account and all assets and funds of the estate in my possession.

Signature of Affiant

Print Name

Sworn to before me on _____, 20 _____

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

Signature of Attorney : _____

Print Name : _____

Firm Name: _____ Tel No. : _____

Address of Attorney: _____