

STATE OF NEW YORK  
SURROGATE'S COURT, QUEENS COUNTY

In the Matter of the  
Application for Letters of Administration of the  
Goods, Chattels and Credits which were of  
  
Deceased.

FILE No.

Affidavit

STATE OF NEW YORK }  
COUNTY OF } ss.:

being duly sworn, deposes

and says that is over the age of years and resides at No.

That is the of said deceased and the petitioner  
in the above entitled proceeding;

Describe  
In Detail

That the value of all the personal property, wheresoever situated, of which the said decedent  
died possessed amounts to Dollars and consists of

Describe  
In Detail

That said deceased, at the time of death, was seized of real estate  
consisting of

THE MARKET value of which is Dollars,  
subject to mortgages in the amount of held by  
and the estimated gross rentals for 18 months is \$

If Retired  
State How  
Long

That said decedent, at the time of death was not engaged in business but was  
employed as by  
and that average earning capacity was per week. That decedent was  
years of age at the time of death.

That said decedent left no unpaid bills, debts, or claims, that there are no executions or judgments against \_\_\_\_\_ estate nor was \_\_\_\_\_ a principal or surety on any unpaid or undischarged bond, undertaking or other obligation.

That neither the decedent, nor your deponent, nor any of the distributees herein were ever recipients of any Federal, State or Municipal Relief.

That the expenses of the last illness of the decedent have been paid in full, and receipted bills for same are attached hereto.

That the funeral bill of said decedent has been paid in full, and a receipted bill is attached hereto.  
That there are no Federal or State Income or Estate Taxes payable by the estate, except as follows:

Attach  
Receipted  
Bills

WHEREFORE, your deponent prays, that the filing of a bond by \_\_\_\_\_ as administrat  
be dispensed with

\_\_\_\_\_  
Petitioner

Sworn to before me this  
day of

Notary Public, State of New York

\_\_\_\_\_  
Attorney for Petitioner  
Office and Post Office Address

\_\_\_\_\_  
Telephone No. \_\_\_\_\_