| SURROGATE'S COURT OF THE STATE OF NEW YORK COUNTY OF  |   |
|---|---|
| VOLUNTARY ADMINISTRATION, Estate of   | AMENDED AFFIDAVIT IN RELATION TO SETTLEMENT OF ESTATE UNDER ARTICLE 13, SCPA (as of 9/96) |
| Deceased.   | File No   |
| STATE OF NEW YORK ) ) ss.: COUNTY OF )  |   |
| I,, being duly sw (Name)  | orn, depose and say:  |
| I am the voluntary administrator/trix of the above-named dece<br>Surrogate's Court Procedure Act. The original and any amended after    |   |
| 2. I was found qualified to act as the voluntary administrator/trizCounty Surrogate's Court on the                                      |   |
| 3. The following items of personal property, owned by the above Affidavit of Voluntary Administration originally filed nor in any amend |   |
| Items of Personal Property Separately Listed  | lue of Each Item  |
|   |   |
| 4. For the item of personal property listed in paragraph 3, I req of voluntary administration.  | uire additional certificates  |
| The value of all of the decedent's non-exempt assets still does not e   | xceed <b>\$20,000.00</b> .  |
| Sworn to be fore me on, 20  | (Affiant)   |
|   | (Print Name)  |
| Notary Public My Commission Expires: (Affix Notary Stamp or Seal)   |   |
| Signature of Attorney :   |   |
| Print Name:   |   |
| Firm Name:Tel   | No. :   |

SE-2B \*For use only where decedent died on or after August 29, 1996.

Address of Attorney:

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