## STATE OF CONNECTICUT

RECORDED:

DISTRICT NO.

## **COURT OF PROBATE**

[*Type or print in black ink.*]

## **TO: COURT OF PROBATE, DISTRICT OF**

## ESTATE OF

,DECEASED

FIDUCIARY(IES) [Name(s), address(es), zip code(s), and telephone number(s).]	POSITION OF TRUST

THE PETITIONER REPRESENTS that:

The above estate was opened as a solvent estate, but is now insolvent.

The above estate is insolvent.

The names and addresses listed below are all the persons in interest in said estate. [Include heirs, beneficiaries, and known creditors. The court shall direct notice to those persons deemed to have an interest in the estate. C.G.S. §45a-376. If space is insufficient, use Second Sheet, PC-180.]

The assets of said estate, exclusive of the articles that may be legally set out to the surviving spouse and the allowance for support of such spouse and that of the family of said deceased, will not be more than sufficient to pay the funeral expenses, the expenses of settling said estate, the expenses of the last sickness, and the lawful taxes and claims due the State of Connecticut and the United States, which are listed below. C.G.S. §45a-383. [If space is insufficient, use Second Sheet, PC-180.]

WHEREFORE, THE PETITIONER REQUESTS that:

The estate be declared insolvent.

The Court order the fiduciary to receive and decide upon claims of the creditors of said estate in accordance with C.G.S. §45a-378 (a) and (b).

The Court allow the fiduciary to settle said estate, without claims procedures otherwise required, in accordance with C.G.S.§45a-383.

The representations contained herein are made under the penalties of false statement.

Date:

Petitioner:

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