

STATE OF CONNECTICUT
COURT OF PROBATE

RECORDED:



[Type or print in ink.]

[Complete Confidential Information Sheet for PC-207 on last page. Use Second Sheet, PC-180, for additional data.]

TO: COURT OF PROBATE,		DISTRICT NO.
ESTATE OF		DATE OF DEATH
DECEDENT'S RESIDENCE AT TIME OF DEATH [Include full address.]		DATE OF PETITION
		JURISDICTION BASED ON: <input type="checkbox"/> Domicile in District [If domicile is different than residence, please explain.] <input type="checkbox"/> Other [Please explain other jurisdictional basis.] Use Second Sheet, PC-180, for explanation.
PETITIONER [Name, address and telephone number]	SURVIVING SPOUSE [Name and address. If there is no surviving spouse, so state.]	

HEIRS, CHILDREN AND OTHER DEPENDENTS OF THE DECEDENT. **Indicate any person who is under conservatorship, legal disability or in the military service. C.G.S. sections 45a-436, 45a-438, 45a-439.**

1. HEIRS AND NEXT OF KIN [Give names and addresses.]

Spouse [Name only.]

Children [Include date of birth of any child under age 18.]

Children of a deceased child [Include date of birth of any child under age 18.]

IF NO children or grandchildren, give name(s) and address(es) of decedent's surviving parents:

IF NO spouse, children, grandchildren or parents, give name(s) and address(es) of decedent's brother(s) and sister(s) or children of any deceased brother or sister.

COURT OF PROBATE

[Type or print in ink.]

2. OTHER DEPENDENTS OF THE DECEDENT [Give name(s) and address(es).]

THE PETITIONER REPRESENTS that:

He or she is a person interested in the estate named above and has a need to obtain financial information concerning the deceased person for the limited purpose of determining whether the estate may be settled as a small estate under C.G.S. section 45a-273.

He or she is a person interested in the estate named above and has a need to obtain financial medical information concerning the deceased person for the limited purpose of investigating a potential cause of action of the estate, surviving spouse, children, heirs or other dependents of the deceased person. Explain:

He or she is a person interested in the estate named above and has a need to obtain financial medical information concerning the deceased person for the limited purpose of investigating a potential claim for benefits under a workers' compensation act, an insurance policy or other benefits in favor of the estate, surviving spouse, children, heirs or other dependents of the deceased person. Explain:

Any additional data given on Second Sheet, PC-180, is made a part hereof.

WHEREFORE, THE PETITIONER REQUESTS the appointment of an estate examiner for the limited purpose stated above.

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

Date:

.....

Petitioner:

PROPOSED ESTATE EXAMINER

If appointed, I will accept the position of estate examiner for the limited purposes set forth above. I FURTHER ACKNOWLEDGE THAT IF APPOINTED I WILL HAVE NO AUTHORITY OVER THE ASSETS OF THE DECEASED PERSON.

Signature _____

Type or print name: _____

Address:

Telephone Number:

Each of the undersigned represents that he or she has examined the petition and related documents and **HEREBY WAIVES NOTICE OF HEARING** upon said petition and has **NO OBJECTION** to the granting and approval thereof. [If space is insufficient, use General Waiver, PC-181. Please also type or print name.]

.....
Name:

.....
Name:

.....
Name:

CONFIDENTIAL INFORMATION
**SHEET FOR PC-207, Petition/
Estate Examiner for Limited Purposes**
REV. 10/13

STATE OF CONNECTICUT
COURT OF PROBATE
[Type or print in ink.]

DO NOT RECORD
For Court Use Only

Probate Court, District of: _____

The social security number of the decedent is required in connection with this proceeding.

In the Matter of: _____, deceased

Social Security Number: _____
