



SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

Filing Fee Paid \$ \_\_\_\_\_  
Certificates Paid \$ \_\_\_\_\_  
Trustee Certs. Paid \$ \_\_\_\_\_  
Prelim. Certs. Paid \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Bond, Fee: \$ \_\_\_\_\_  
Receipt No.: \_\_\_\_\_ No.: \_\_\_\_\_

ADMINISTRATION PROCEEDING, ESTATE OF

a/k/a

Deceased.

**PETITION FOR LETTERS OF:**

- Administration
- Limited Administration
- Administration with Limitations
- Temporary Administration

File No. \_\_\_\_\_

TO THE SURROGATE'S COURT, COUNTY OF \_\_\_\_\_

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

**Petitioner Information:**

Name \_\_\_\_\_ Citizenship \_\_\_\_\_

Domicile Address: Street and Number \_\_\_\_\_

City, Village or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

County \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address: Street and Number (If different from domicile) \_\_\_\_\_

City, Village or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Interest: (Check One)  Distributee  Other

Name \_\_\_\_\_ Citizenship \_\_\_\_\_

Domicile Address: Street and Number \_\_\_\_\_

City, Village or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

County \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address: Street and Number (If different from domicile) \_\_\_\_\_

City, Village or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Interest: (Check One)  Distributee  Other

Is proposed Administrator an attorney?  Yes  No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]