

Surrogate's Court  
County of New York

**In the Matter of the Application for a  
Search of Safety Deposit Box  
for the Will of**

**Petition to Search**

*Deceased*

**To The Surrogate's Court of the County of New York:**

The petition of \_\_\_\_\_ respectfully alleges:

The petitioner resides at \_\_\_\_\_

and is the \_\_\_\_\_ of \_\_\_\_\_ who died

in the County of **New York**

on the \_\_\_\_\_ day of \_\_\_\_\_, 2020, and at the time of h death resided at \_\_\_\_\_  
in the County of New York.

The name of each person who at the date of the deceased's death was a distributee of the deceased by reason of being related to the deceased as spouse, child, issue of a deceased child, adopted child, issue of a deceased adopted child, father, mother, brother or sister of the whole blood or of the half blood or issue of a deceased brother or sister and the names of all other distributees of the deceased are as follows:

*Name*

*Relationship*

<i>Name</i>	<i>Relationship</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The said deceased had a safety deposit box at \_\_\_\_\_

\_\_\_\_\_ New York, N.Y. The petitioner believes that deceased may have left in said safety deposit box a will and insurance policies on the life of deceased payable to named beneficiaries and a cemetery deed or instructions respecting burial and petitioner requests that an order be made directing the person in charge of said premises, to examine the said safety deposit box for the purpose of ascertaining if a will or wills or insurance policies on the, life of deceased payable to named beneficiaries or a cemetery deed or instructions respecting burial of said deceased be deposited therein, and if any will be found, that the same be deposited in this court, and insurance policies on the life of deceased be delivered to the named beneficiaries and the cemetery deed or instructions respecting burial be delivered to petitioner.

No probate or administration proceeding is pending nor is there any will of deceased on file in this court. No prior application has been made for the relief herein requested. Dated \_\_\_\_\_

\_\_\_\_\_  
Petitioner

Use BLACK ink only, as this sheet will be photographed.

**State and County of New York, ss.:**

\_\_\_\_\_ being duly sworn says that they are the petitioner named in the forgoing petition; that they read the foregoing petition subscribed by them and know the contents thereof; and that the same is true of their own knowledge except as to matters herein stated to be alleged on information and belief, and that as to those matters they believe it to be true.

Sworn to this      day      \_\_\_\_\_  
of                      , 20      .      Petitioner

\_\_\_\_\_  
N.Y. Co.

**Surrogate's Court  
County of New York**

\_\_\_\_\_  
\_\_\_\_\_  
In the Matter of the Application for a Search of  
a Safety Deposit Box for the Will

Deceased

\_\_\_\_\_

**Petition  
To  
Search Safety Deposit Box**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Attorney