

Filing Fee Paid \$ \_\_\_\_\_  
Certs \$ \_\_\_\_\_  
Receipt No: \_\_\_\_\_ No: \_\_\_\_\_

**DO NOT LEAVE ANY ITEMS BLANK**

STATE OF NEW YORK  
SURROGATE'S COURT: COUNTY OF \_\_\_\_\_ X

In the Matter of the Petition for Successor Letters Testamentary  
in the Estate of

**PETITION FOR SUCCESSOR  
LETTERS TESTAMENTARY**

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

a/k/a

Deceased. \_\_\_\_\_ X

To the Surrogate's Court, County of \_\_\_\_\_

It is respectfully alleged:

1.(a) The name, citizenship, domicile (or, in the case of a bank or trust company, its principal office) and interest in this proceeding of the petitioner(s) are as follows:

Name: \_\_\_\_\_

Domicile or Principal Office: \_\_\_\_\_  
(Street and Number)

(City, Village or Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from domicile)

Citizen of: \_\_\_\_\_

Name: \_\_\_\_\_

Domicile or Principal Office: \_\_\_\_\_  
(Street and Number)

(City, Village or Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from domicile)

Citizen of: \_\_\_\_\_

Interest(s) of Petitioner(s): [Check one] [ ] Successor Executor(s) named in decedent's Will  
[ ] Other (Specify) \_\_\_\_\_

1.(b) The proposed Successor Executor [ ] is [ ] is not an attorney.  
[Note: A sole Successor Executor-Attorney must comply with 22 NYCRR §207.16(e)]

1.(c) The proposed Successor Executor [ ] is [ ] is not the attorney-draftsperson, a then-affiliated attorney or employee thereof.  
[NOTE: An attorney-draftsperson, a then-affiliated attorney or employee thereof must comply with SCPA §2307-a]

2. The will of the above-named decedent was admitted to probate by the Surrogate's Court of \_\_\_\_\_  
County on \_\_\_\_\_ and Letters Testamentary were issued to \_\_\_\_\_  
who on \_\_\_\_\_, [ ] died [ ] other (specify) \_\_\_\_\_.

**[Note: If prior fiduciary is deceased, please provide court with certified copy of death certificate.]**

3. The names and addresses of all persons and parties interested in this proceeding having a right to successor letters testamentary prior or equal to the petitioner(s) are as follows:

Name and Relationship	Domicile Address and Mailing Address	Nature of Fiduciary Status
-----------------------	--------------------------------------	----------------------------

4. The names and addresses of all persons and parties who are named in the will as fiduciaries or beneficiaries, other than those named in paragraph 3 above, are as follows:

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
-----------------------	--------------------------------------	--

[Note: If any such person is under a disability state name and post office address of a person upon whom service of process may be made on behalf of such person.]

5. There are no persons other than those hereinbefore mentioned interested in this proceeding.

6.(a) To the best of the knowledge of the undersigned, the property of the estate that remains **unadministered** is as follows:

Personal Property \$ \_\_\_\_\_ Improved real property in New York State \$ \_\_\_\_\_

Unimproved real property in New York State \$ \_\_\_\_\_

Estimated gross rents for a period of 18 months \$ \_\_\_\_\_

(b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the estate, except as follows: **[Enter "NONE" or specify]**

\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, petitioner(s) pray(s):

That Successor Letters Testamentary issue to \_\_\_\_\_  
in the same manner as original letters, and that he/she/they be authorized to complete the administration of the estate of \_\_\_\_\_, deceased.

Dated: \_\_\_\_\_

1. \_\_\_\_\_  
(Signature of Petitioner)

2. \_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

3. \_\_\_\_\_  
(Name of Corporate Petitioner)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Print Name and Title of Officer)

**COMBINED VERIFICATION, OATH AND DESIGNATION**

[For use when petitioner is an individual]

STATE OF NEW YORK )  
COUNTY OF ) ss.:

The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe them to be true.

2. OATH OF SUCCESSOR EXECUTOR as indicated above: I am over eighteen (18) years of age and a citizen of the United States and I will well, faithfully and honestly discharge the duties of Fiduciary of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of \_\_\_\_\_ County, and his/her successor in office, as a person on whom service of any process issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence is used.

My domicile is : \_\_\_\_\_  
(Street Address) (City/Town/Village) (State) (Zip)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

On \_\_\_\_\_, \_\_\_\_\_, before me personally appeared

\_\_\_\_\_,  
to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public  
Commission Expires:  
(Affix Notary Stamp or Seal)

Signature of Attorney: \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Tel No. : \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

**COMBINED CORPORATE VERIFICATION, CONSENT AND DESIGNATION**

[For use when a petitioner to be appointed is a bank or trust company]

STATE OF NEW YORK )  
COUNTY OF ) ss.:

I, the undersigned, a \_\_\_\_\_ of  
(Title)

\_\_\_\_\_  
(Name of Bank or Trust Company)

a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe them to be true.

2. CONSENT: I consent to accept the appointment as Successor Executor under the Last Will and Testament of the decedent described in the foregoing petition and consent to act as such fiduciary.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I designate the Chief Clerk of the Surrogate's Court of \_\_\_\_\_ County, and his/her successor in office, as a person on whom service of any process issuing from such Surrogate's Court may be made, in like manner and with like effect as if it were served personally upon me, whenever one of the fiduciary's proper officers cannot be found and served within the State of New York after due diligence is used.

\_\_\_\_\_  
(Name of Bank or Trust Company)

By \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Principal Office Street Address)

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(City/Town/Village)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

On \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known, who duly swore to the foregoing instrument and who did say that he/she resides at \_\_\_\_\_ and that he/she is a \_\_\_\_\_ of \_\_\_\_\_, the corporation/national banking association described in and which executed such instrument; and that he/she signed his/her name thereto by order of the Board of Directors of the corporation.

\_\_\_\_\_  
Notary Public  
Commission Expires:  
(Affix Notary Stamp or Seal)

Signature of Attorney: \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_