

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF _____
_____X

PROBATE PROCEEDING,
WILL OF _____

a/k/a _____
_____X
Deceased.

NOTICE OF PROBATE
(SCPA 1409)

File No. _____

Notice is hereby given that:

1. The Will dated _____ (and Codicil dated _____)
(and Codicil dated _____) of the above named decedent,
domiciled at _____ County of _____, New York,
has been/will be offered for probate in the Surrogate's Court for the County of _____.

2. The name (s) of proponent (s) of said Will is/are _____
whose address(es) is/are _____

3. The name and post office address of each person named or referred to in the petition who has not been served or has not appeared, or waived service of process, with a statement whether such person is named or referred to in the will as legatee, devisee, trustee, guardian or substitute or successor executor, trustee or guardian, and as to any such person who is an infant or an incompetent, the name and post office address of a person upon whom service of process may be made on behalf of such infant or incompetent, is as follows:

NAME	MAILING ADDRESS	NATURE OF INTEREST OR STATUS

(USE ADDITIONAL SHEETS IF NECESSARY)

Date _____, 20____

[Note: Complete Affidavit of Mailing. If serving infant 14 years of age or older, list and mail to infant as well as parent or guardian.]

Name of Attorney: _____ Tel. No: _____

Address of Attorney: _____