			Filing Fee Paid \$ Certs \$		
STATE OF NE	W YORK		Ce	Certs \$	
SURROGATE'	S COURT: COUNTY OF	X	\$ Bo Receipt No:	nd, Fee: \$ No:	
PROBATE PR			PETITION FO	ION FOR PROBATE AND:	
			[] Letters Testa [] Letters of Trans		
			[] Letters of Ad		
		Deceased.	File No		
		To the Surrogate's (ourt, County of		
1.(a)	respectfully alleged: The name, citizenship, c the petitioner are as follows	fomicile (or, in the case of a ban :	c or trust company, its princi	pal office) and interest in this	
Name:					
Domicile or Pri	ncipal Office:	(Odnost nu J h			
		(Street and N	umperj		
(City, V	/illage or Town) Mailing Address:	(State)		(Zip Code)	
		(If different from domicile)			
Domicile or Prir	ncipal Office:	(Street and N	umber)		
(City, Village or Town) Mailing Address:		(State)		(Zip Code)	
077		(it different tr	om domicile)		
	etitioner (s): [Check one]	Executor (s) named in dece Other (Specify)			
1.(b)		[] is [] is not an attorney. Attorney must comply with 22 N	/CRR 207.16(e)]		
1.(c)	The proposed Executor [NOTE: An attorney-draft	[] is [] is not the attorney-outsperson, a then-affiliated attorned	raftsperson, a then-affiliated by or employee thereof must	attorney or employee thereof, comply with SCPA 2307-a]	
2.	The name, domicile, date	e and place of death, and nation	al citizenship of the above-n	amed decedent as follows:	
(a)	Name:				
(e)	(e) Citizen of:				
3.	The Last Will, herewith pr	esented, relates to both real and p nd thereof by the decedent and t	ersonal property and consist	s of an instrument or instruments ses:	
(Date of Will)		(Names of All Witnesses to Will)			
(Date of Codicil)		(Na	(Names of All Witnesses to Codicil)		
(Date o	of Codicil)	(Ne	mes of All Witnesses to Codicil		