

SURROGATE'S COURT FO THE STATE OF NEW YORK
COUNTY OF QUEENS

Proceeding to Lift Restrictions to Collect the Proceeds
of a
Proceeding by
as the Administrator of the Estate of

Notice of Application to Lift
Restrictions

aka

File No. _____

Deceased.

X

State of New York
County of _____

Notice is hereby given that:

1. An Application to Lift the Restrictions to Collect the Proceeds of a _____
_____ of the estate of the above-named decedent, has been made
by _____ Administrator, whose post office
address is _____.
2. The Administrator prays that the Decree be modified for the Collection of the Proceeds of a
_____.
3. The names and post office addresses of every distributee of the above-named decedent as set
forth in the petition and known to the undersigned is as follows:

Name of Distributee

Domicile and Post Office Address

Dated _____

Signature of Petitioner or Attorney

Name and address of Attorney

Phone Number

SURROGATE'S COURT FO THE STATE OF NEW YORK
COUNTY OF QUEENS

Proceeding to Lift Restrictions to Collect the Proceeds
of a
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Affidavit of Mailing

aka

File No. _____

Deceased.

_____X

State of New York
County of _____

_____, residing at _____
_____ being duly sworn, deposes and says that
deponent is over the age of eighteen years; that on _____ 20____ deponent mailed
a copy of the foregoing Notice of Application, contained in a securely closed postpaid wrapper, directed
to each of the persons named in paragraph three of the Notice of Application respectively, as follows:

Name and Post Office Address: _____

Name and Post Office Address: _____

Name and Post Office Address: _____

Name and Post Office Address: _____

Name and Post Office Address: _____

Name and Post Office Address: _____

by depositing the document in a letter box or other official depository under the exclusive care and
custody of the United States Post Office, located at:

Signature

Print

Sworn to before me this _____
day of _____ 20____

Notary Public
Commission Expires:
(Affix Stamp or Seal)