

STATE OF NEW YORK
SURROGATE'S COURT : COUNTY OF DELAWARE

In the Matter of the Estate of _____

VERIFIED PETITION FOR
LEAVE OF COURT FOR
PERMISSION TO RESIGN AS
VOLUNTARY ADMINISTRATOR

_____,
Deceased.

File No. _____

STATE OF NEW YORK)
) ss.:
COUNTY OF DELAWARE)

_____, being duly sworn, deposes and says:

1. I am the voluntary administrator of the Estate of _____
and I reside at _____.

2. _____, the above-named decedent, died ☐ testate
☐ intestate on _____.

3. On _____, I filed an Affidavit in Relation to Settlement
of Estate Under Article 13 (SCPA), and on _____ I was found
qualified to act as voluntary administrator and was issued certificates of voluntary
administration by the Delaware County Surrogate's Court to administer the
following personal property:

4. I have filed Amended Voluntary Affidavits on the following dates requesting
additional certificates of voluntary administration for the following:

<u>DATE FILED</u>	<u>PROPERTY FOR WHICH CERTIFICATE REQUESTED</u>
_____	_____
_____	_____
_____	_____

5. The names and addresses of the decedent's distributees under New York law, including non-marital children and descendants of predeceased non-marital children, and their relationships to the decedent are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>

(Attach additional sheet, if necessary)

6. [IF THE DECEDENT DIED TESTATE] The names and addresses of all beneficiaries in the will of the decedent now on file with the Court are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>

(Attach additional sheet, if necessary)

7. The decedent's funeral expenses ☐ have ☐ have not been paid in full. Any sources of payment, to date, for funeral expenses include the following:

ATTACH A RECEIPTED FUNERAL BILL COPY IF THE EXPENSES HAVE BEEN PAID IN FULL OR A FUNERAL BILL COPY SHOWING ANY PAYMENTS AND BALANCE DUE IF ANY PORTION OF FUNERAL BILL REMAINS OUTSTANDING.

8. Anyone who paid all or part of the funeral expenses who has not expressly waived their right to reimbursement has been reimbursed ☐ Yes ☐ No.

9. Since my appointment, I have identified the following (purported) debts of the estate: _____

10. ☐ No claims have been served upon me pursuant to Article 18 of the Surrogate's Court Procedure Act or ☐ Claims have been served upon me from the following creditors: _____

11. The following creditors claims have been accepted and paid to date:

12. The following creditors claims have been accepted but remain unpaid:

13. The following creditors claims have been rejected:

14. I am requesting the Court's permission to resign as voluntary administrator for the following reason(s):

(Attach additional sheets, if necessary)

15. I have filed a Report & Account herewith for my actions as voluntary administrator which also recites the cash and personal property of the estate which remains in my possession or under my control.

16. I would ask that the court approve reimbursement to me from the estate for the following administration expenses:

TOTAL \$

17. I understand that application may be made by a person interested in the estate requesting that the court compel me to judicially (formally) settle my account and that I may be surcharged, in any such accounting proceeding, for any breach of my fiduciary duty as may be determined by the Surrogate.

18. The names and addresses of all persons interested in this proceeding to whom process must issue and of all other persons concerning whom this Court is required to have information, are as follows:

NAME:

ADDRESS:

19. There are no persons other than those mentioned above who are required to be cited in this proceeding or concerning whom this Court is required to have information.
20. No previous application for this or similar relief has been made to this or any other court.

WHEREFORE, I respectfully pray that a citation issue for service on those persons the court deems necessary to this proceeding citing them to show cause why an order should not issue permitting my resignation as voluntary administrator of the above-captioned estate, ☐ (check if requested in petition) reimbursing me from the estate for the administration expenses as set forth herein, and directing that I turn over all the assets of the estate in my possession or under my control to a voluntary administrator appointed by the court to succeed me as fiduciary of the above-captioned estate.

Dated: _____, 20____

Petitioner

VERIFICATION

STATE OF NEW YORK)
) ss:
COUNTY OF DELAWARE)

_____, being duly sworn deposes and says that I am the petitioner in the foregoing petition. I have read the foregoing petition and the same is true of my own knowledge except as to matters therein stated to be alleged upon information and belief and as to those matters I believe them to be true.

(Signature of Petitioner)

(Print Name)

Sworn to before me this _____
day of _____, _____

Notary Public

Commission Expires:
(Affix Notary Stamp or Seal)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF DELAWARE

File No. _____

CITATION

**THE PEOPLE OF THE STATE OF NEW YORK BY
THE GRACE OF GOD FREE AND INDEPENDENT**

TO:

An Affidavit in Relation to Settlement of Estate Under Article 13 of the SCPA having been duly filed by _____, and _____ having been found qualified to act as Voluntary Administrator of the estate of _____, and _____ having filed a duly verified petition praying for leave of court to resign as voluntary administrator.

YOU ARE HEREBY CITED TO SHOW CAUSE before the Hon. Richard D. Northrup, Jr., Surrogate, at 3 Court Street, Delhi, New York on _____, 20____, at _____ a.m./p.m. why an order should not issue permitting _____ to resign as voluntary administrator of the Estate of _____ (☐ and approving reimbursement to _____ from the estate for the administration expenses set forth in his or her petition), and directing _____ to turn over all the assets of the estate in his or her possession or under his or her control to a successor voluntary administrator hereinafter appointed by the Court, and granting such other relief as this Court deems necessary and just.

L.S.

WITNESS, HONORABLE _____,
Surrogate, of said County, at the Courthouse in the
Village of Delhi, New York, on the ____ day of
_____, 20____.

CHIEF CLERK OF THE SURROGATE'S COURT

ATTORNEY: _____
ADDRESS: _____

TELEPHONE: _____

This Citation is served upon you as required by law. You are not required to appear. If you fail to appear, it will be assumed that you do not object to the relief requested. You have a right to have an attorney appear for you.

Proof of service of this Citation must be filed with the Court on or before the Thursday preceding the return date. [22NYCRR 207.7(c)]