

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

Filing Fee \$1.00

In the Matter of the Estate of

File No.

\_\_\_\_\_

PETITION FOR SUCCESSOR  
VOLUNTARY ADMINISTRATOR

Deceased.

TO THE SURROGATE'S COURT OF THE COUNTY OF DELAWARE:

1. The name, domicile and interest in this proceeding of the petitioner is as follows:

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

Domicile: \_\_\_\_\_

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

Interest of Petitioner:

( ) Alternate executor named in decedent's Last Will, previously probated.

( ) Other (specify): \_\_\_\_\_

2. The decedent died on \_\_\_\_\_, and an Affidavit in Relation to Settlement of Estate (Article 13) was filed and granted to \_\_\_\_\_, who was duly qualified.

3. The present status of the proceedings in said estate is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Petitioner was named in the said last will as executor thereof, upon the happening of a contingency, to wit: The death, incapacity, or renunciation of the said \_\_\_\_\_ named as Executor therein. (Attach proof of death).

5. Said Voluntary Administrator, \_\_\_\_\_, died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

6. The names and post office addresses of all persons interested in this proceeding whom the Court is required to have information are as follows:

| <u>Name</u> | <u>Address</u> | <u>Relationship &amp; Interest</u> |
|-------------|----------------|------------------------------------|
|             |                |                                    |
|             |                |                                    |
|             |                |                                    |

7. None of the foregoing persons is a person under disability except:

8. There are no other persons than those mentioned interested in this application or proceeding.

9. No previous application for the within relief has been made.

WHEREFORE, petitioner prays that he/she/they be appointed to act as Successor Voluntary Administrator(s) upon his/her/their being qualified according to law, and that such other and further relief be granted as may be just.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Petitioner

Sworn to before me on \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public