

STATE OF NEW YORK
SURROGATE'S COURT, QUEENS COUNTY

In the Matter of the Application for Letters of
Administration of the Goods, Chattels and Credits which
were of

FILE No.

Bond Affidavit

Deceased

STATE OF NEW YORK

COUNTY OF

ss.:

_____ being duly sworn, deposes and says that I
am over the age of eighteen (18) years and resides at _____.

That I am the _____ of said deceased and the petitioner in the above
entitled proceeding;

That the value of all the personal property, wheresoever situated, of which the said decedent died possessed
died possessed amounts to _____ Dollars and consists of _____

That said deceased, at the time of his/her death, was seized of real estate consisting of _____

THE MARKET value of which is _____ Dollars, subject to mortgages in the
amount of _____ held by _____

and the estimated gross rentals for 18 months is \$ _____.

That said decedent, at the time of his/her death was not engaged in business but was employed as

_____ by _____

and that his/her average earning capacity was \$ _____ per week. That decedent was _____
years of age at the time of his/her death.

That said decedent left no unpaid bills, debts, or claims, that there are no executions or judgments against his/her estate nor was he/she a principal or surety on any unpaid or undischarged bond, undertaking or other obligation.

That neither the decedent, nor your deponent, nor any of the distributees herein were ever recipients of any Federal, State or Municipal Relief.

That the expenses of the last illness of the decedent have been paid in full, and receipted bills for same are attached hereto.

That the funeral bill of said decedent has been paid in full, and a receipted bill is attached hereto.

That there are no Federal or State Income or Estate Taxes payable by the estate, except as follows:

Attach
Receipted
Bills

WHEREFORE, your deponent prays, that the filing of a bond by him/her as _____
be dispensed with

Petitioner

Sworn to before me this _____

Notary Public, State of New York

Attorney for Petitioner _____

Office and Post Office Address _____

Telephone No. _____