SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF _____

— — — — — — — — — — — — X

PROBATE PROCEEDING, _____

WILL OF _____

_____

a/k/a _____

_____

_____

Deceased.

— — — — — — — — — — — — X

AFFIDAVIT OF NO DEBT

(For use with Letters of Administration c.t.a.)

File No. _____

STATE OF NEW YORK _____)

COUNTY OF _____) ss.:

_____, being duly sworn, deposes and says:

that he/she resides at _____,

County of _____, State of _____; that he/she is the person seeking appointment as administrator c.t.a. in the above entitled proceeding; that the value of all personal property receivable by the fiduciary of the estate of the above-named decedent plus estimated gross rents receivable by said fiduciary for 18 months will not exceed the sum of $ _____; that deponent has made a diligent search to ascertain whether or not there are any debts or claims against the estate of said decedent and that there are no claims, including unpaid funeral and medical bills, except as follows:

[If "none", write "NONE"] _____

NAME _____ AMOUNT $ _____

ADDRESS_____

NATURE OF CLAIM_____

NAME _____ AMOUNT $ _____

ADDRESS_____

NATURE OF CLAIM_____

NAME _____ AMOUNT $ _____

ADDRESS_____

NATURE OF CLAIM_____

Sworn to before me this

_____ day of _____ , 20 ___ _____

Signature

_____

Print Name

Notary Public: _____

Commission Expires:_____

(Affix Notary Stamp or Seal)

Name of Attorney:_____ Tel No.: _____

Address of Attorney:_____

P-12 (10/96)