

SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF _____

— — — — — X

PROBATE PROCEEDING, _____

WILL OF _____

a/k/a _____

a/k/a _____

_____ Deceased.

— — — — — X

NOTICE OF PROBATE
(SCPA 1409)

File # _____

Notice is hereby given that:

1. The Will dated _____ (and Codicil dated _____)
(and Codicil dated _____) of the above named decedent,
domiciled at _____
County of _____, New York, has been/will be offered for probate in the Surrogate's Court for
the County of _____.

2. The name (s) of proponent (s) of said Will is/are _____
whose address(es) is/are _____

3. The name and post office address of each person named or referred to in the petition who has not been served or has not appeared, or waived service of process, with a statement whether such person is named or referred to in the will as legatee, devisee, trustee, guardian or substitute or successor executor, trustee or guardian, and as to any such person who is an infant or an incompetent, the name and post office address of a person upon whom service of process may be made on behalf of such infant or incompetent, is as follows:

NAME	MAILING ADDRESS	NATURE OF INTEREST OR STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(USE ADDITIONAL SHEETS IF NECESSARY)

Date _____, 20_____

[Note: Complete Affidavit of Mailing. If serving infant 14 years of age or older, list and mail to infant as well as parent or guardian.]

Name of Attorney Telephone Number

Address of Attorney P-6 (10/96)

AFFIDAVIT OF MAILING NOTICE OF PROBATE

STATE OF NEW YORK _____)

COUNTY OF _____) ss.:

_____, residing at _____

being duly sworn, says that he/she is over the age of 18 years, that on the _____ day of _____, 20 _____, he/she deposited in the post office box regularly maintained by the government of the United States in the _____ of _____, State of New York, a copy of the foregoing Notice of Probate contained in a securely closed postpaid wrapper directed to each of the persons named in said notice at the places set opposite their respective names.

Sworn to before me this

_____, 20 _____

Signature

Notary Public: _____

Commission Expires: _____

(Affix Notary Stamp or Seal)

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel No.: _____

Email: _____

Address of Attorney: _____