



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

PROBATE PROCEEDING, WILL OF

a/k/a

Deceased.

AFFIDAVIT OF NO DEBT
(For use with Letters of Administration c.t.a.)

File No. _____

STATE OF _____ }
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: None

| | | |
|---------|-----------------|--------|
| Name | Nature of Claim | |
| Address | | Amount |
| Name | Nature of Claim | |
| Address | | Amount |
| Name | Nature of Claim | |
| Address | | Amount |
| Name | Nature of Claim | |
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