

SURROGATE'S COURT OF THE STATE OF NEW YORK -
IN THE MATTER OF THE APPLICATION TO SEARCH A
SAFE DEPOSIT BOX FOR THE WILL OR OTHER PAPERS OF

COUNTY

Fee Pd _____
Receipt No. _____

PETITION TO SEARCH
SAFE DEPOSIT BOX
FILE #

Deceased.

To the Surrogate's Court of _____ County, it is respectfully alleged:

(1) The name and domicile of the petitioner is as follows:

Name:

Domicile or if a financial institution, Principal Office:

(Street address) (City, Town or Village) (County) (State) (Zip) (Telephone Number)
Mailing address, if different from domicile, is:

(2) The petitioner is [indicate] [] the nearest surviving distributee of the decedent [] the executor named in the decedent's will [] has an interest in the decedent's estate as follows:

(3) The name, date, place of death, and domicile of the decedent are as follows:

Name:

Date of death:

Place of death:

Domicile:

(Street address) (City, Town or Village) (P.O. if different) (State) (Zip)

(4) The decedent has a safe deposit box in the vault of _____, a banking corporation doing business in _____ County, New York. Petitioner is informed and believes that the decedent left a will or other papers in the safe deposit box.

Wherefore petitioner prays that an Order be made pursuant to SCPA § 2003 permitting the petitioner, in the presence of an officer of the banking corporation, to examine the safe deposit box for the purposes of ascertaining if the decedent's will is contained therein, and to obtain a deed to a burial plot and any insurance policies made payable to a named beneficiary, and further directing the petitioner to make an inventory of the contents of the safe deposit box.

Dated: _____, 20____

Petitioner

STATE OF NEW YORK)
COUNTY OF) ss:

, being duly sworn, says:

I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge except as to matters stated to be alleged upon information and belief and as to those matters I believe it to be true.

Petitioner

STATE OF NEW YORK)
COUNTY OF) ss:

On the _____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

My Commission Expires:

ATTORNEY

(Signature)

Name:
Address:
Tel.No.: