

<p style="text-align: center;"><b>PETITION FOR FORMAL</b></p> <p><input type="checkbox"/> PROBATE OF A WILL</p> <p><input type="checkbox"/> ADJUDICATION OF INTESTACY</p> <p><input type="checkbox"/> APPOINTMENT OF A PERSONAL REPRESENTATIVE</p> <p><input type="checkbox"/> OTHER: _____</p> <p style="text-align: center;"><b>PURSUANT TO G.L. c. 190B, § 3-402</b></p>	<p><b>Docket No.</b></p>	<p style="text-align: center;"><b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b></p>
<p><b>Estate of:</b></p> <p style="text-align: center;">_____ <b>Division</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>	<p style="text-align: center;">_____ <b>Division</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>	
<p><b>Date of Death:</b> _____</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>	

**The Petitioner(s) (hereafter "Petitioner"), an interested person(s), makes the following statements:**

**1. Information about the Decedent:**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Also known as: \_\_\_\_\_  
Name

Street Address: \_\_\_\_\_  
(Address)
(Apt, Unit, No. etc.)
(City/Town)
(State)
(Zip)

The Decedent died on \_\_\_\_\_ at the age of \_\_\_\_\_ years.  
(date)

The Decedent was domiciled in \_\_\_\_\_,  
(City/Town)
(State)

- A death certificate issued by a public officer is in the possession of the Court or accompanies this Petition.
- A death certificate issued by a public officer is not in the possession of the Court and does not accompany this Petition. The circumstances which make it impossible for a death certificate to be provided are (See G.L. c. 190B, §§ 3-402(b) & 1-107):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**2. Information about the Petitioner(s):**

Name: \_\_\_\_\_  
First Name
M.I.
Last Name

\_\_\_\_\_ (Address) \_\_\_\_\_ (Apt, Unit, No. etc.) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Mailing Address, if different: \_\_\_\_\_  
(Address)
(Apt, Unit, No. etc.)
(City/Town)
(State)
(Zip)

Primary Phone #: \_\_\_\_\_

Interest of the Petitioner (e.g., Personal Representative named in Will, surviving spouse, heir, devisee, etc.-See G.L. c. 190B § 1-201(24)): \_\_\_\_\_

**3. Venue for this proceeding is proper in this County because the Decedent:**

- had his or her domicile in this County on the date of death.
- did not have his or her domicile in Massachusetts, but had property in this County on the date of death located at:

\_\_\_\_\_ (Address) \_\_\_\_\_ (Apt, Unit, No. etc.) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

4. Decedent's marital and family status:

- A. Did the Decedent have a surviving parent?  Yes  No
- B. Did a spouse survive the Decedent?  Yes  No
- C. Did the Decedent and/or the surviving spouse have surviving children or other descendants?  Yes  No

If the answers to both 4.B and 4.C are Yes, also answer the following questions:

- D. Are all of the surviving spouse's surviving children or other descendants also children or other descendants of the Decedent?  Yes  No
- E. Are all of the Decedent's surviving children or other descendants also children or other descendants of the surviving spouse?  Yes  No

5. List Decedent's: (all that are applicable)

- A. Spouse and children, whether adopted or not. Also list all deceased children and, if the child predeceased the decedent and has surviving descendants (children, grandchildren, etc.), list all of those surviving descendants;
- B. If there are no descendants, list the decedent's parents or if none, list the heirs as defined in G.L. c. 190B, §§ 2-101 to 2-114;
- C. If there is a Will, list all devisees (persons, whether alive or deceased, and institutions who receive personal or real property by the terms of the Will). If the Will requires a person to survive the decedent in order to take and that person predeceased the decedent, list all contingent beneficiaries (the persons who take if the original beneficiary needs to survive but did not);
- D. Identify any heir, surviving spouse or devisee who may be an incompetent person or a minor and provide the name and address of the guardian or conservator, if any, and identify the Court and docket number.

	Name and Address	Relationship to Decedent (check all that apply)	Indicate if this person is:
SPOUSE		Spouse, if living at the time of Decedent's death. <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator of: _____ See docket No: _____	<input type="checkbox"/> Incompetent (if yes, the name and address of the guardian or conservator, is listed at # _____ )  <input type="checkbox"/> Deceased (list date of death): _____
		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> <i>Decedent &amp; Decedent's spouse</i> <input type="checkbox"/> <i>Decedent Only</i> <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator of: _____ See docket No: _____	<input type="checkbox"/> A Minor* (list age): _____ <p style="text-align: center;"><b>AND/OR</b></p> <input type="checkbox"/> Incompetent* <i>*(if yes, guardian or conservator, if any, is listed in this table at # _____ )</i>  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Deceased (list date of death): _____ _____ <i>Descendants?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, descendants are listed at # _____</i>

	Name and Address	Relationship to Decedent (check all that apply)	Indicate if this person is:
		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> <i>Decedent &amp; Decedent's spouse</i> <input type="checkbox"/> <i>Decedent Only</i> <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator of: _____ See docket No: _____	<input type="checkbox"/> A Minor* (list age): _____ <p style="text-align: center;"><b>AND/OR</b></p> <input type="checkbox"/> Incompetent* <i>*(if yes, guardian or conservator, if any, is listed in this table at # _____ )</i> <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Deceased (list date of death): _____ <i>Descendants?   <input type="checkbox"/> Yes    <input type="checkbox"/> No</i> <i>if yes, descendants are listed at # _____</i>
		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> <i>Decedent &amp; Decedent's spouse</i> <input type="checkbox"/> <i>Decedent Only</i> <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator of: _____ See docket No: _____	<input type="checkbox"/> A Minor* (list age): _____ <p style="text-align: center;"><b>AND/OR</b></p> <input type="checkbox"/> Incompetent* <i>*(if yes, guardian or conservator, if any, is listed in this table at # _____ )</i> <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Deceased (list date of death): _____ <i>Descendants?   <input type="checkbox"/> Yes    <input type="checkbox"/> No</i> <i>if yes, descendants are listed at # _____</i>
		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> <i>Decedent &amp; Decedent's spouse</i> <input type="checkbox"/> <i>Decedent Only</i> <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator of: _____ See docket No: _____	<input type="checkbox"/> A Minor* (list age): _____ <p style="text-align: center;"><b>AND/OR</b></p> <input type="checkbox"/> Incompetent* <i>*(if yes, guardian or conservator, if any, is listed in this table at # _____ )</i> <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Deceased (list date of death): _____ <i>Descendants?   <input type="checkbox"/> Yes    <input type="checkbox"/> No</i> <i>if yes, descendants are listed at # _____</i>

6. This Petition is filed within the time period permitted by law (G.L. c. 190B, §3-108). Three years or less have passed since the Decedent's death, or the following circumstances authorize tardy proceedings (include statutory reference):

---



---



---

7.  No Court has appointed a Personal Representative and no such appointment proceeding is pending in this state or elsewhere.

**OR**

- A Court has appointed a Personal Representative, whose appointment has not been terminated, or an appointment proceeding is pending in the State of \_\_\_\_\_ and the Personal Representative's name and address is:

\_\_\_\_\_  
First Name M.I. Last Name  
\_\_\_\_\_  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

8.  **Intestate Estate (check this box only if there is no Will)**

After the exercise of reasonable diligence, the Petitioner is unaware of any unrevoked testamentary instrument relating to property in Massachusetts, or the following is a statement of why such an instrument is not being probated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- Testate Estate (Check this box only if there is a Will)**

The date of the Decedent's last Will is \_\_\_\_\_.

- The dates of all codicils are \_\_\_\_\_

Choose one of the following:

- The original Will is in the possession of the Court or accompanies this Petition.  
 The original Will is lost, destroyed or otherwise unavailable and its contents are set forth in the attached statement which is incorporated herein.  
 The Will has been probated in the State of \_\_\_\_\_. Duly authenticated copies of the Will and of the statement probating it are filed with this Petition.

The Will and any codicils are referred to as the Will. The Petitioner, to the best of his or her knowledge, believes the Will was validly executed. After the exercise of reasonable diligence, the Petitioner is unaware of any instrument revoking the Will and believes that the Will is the Decedent's last Will, or the following is a statement of why such an instrument is not being probated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.  The Petitioner requests the following qualified person, who is 18 years of age or older, be appointed:

- Self:  
 Other:

\_\_\_\_\_  
First Name M.I. Last Name  
\_\_\_\_\_  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Mailing Address, if different: \_\_\_\_\_  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: \_\_\_\_\_

10.  The nominee does not have priority for appointment.

**OR**

The nominee has priority for appointment:

by statute (G.L. c. 190B, § 3-203).

for the following reasons:

\_\_\_\_\_

Persons with prior or equal rights to appointment are as follows:  No one.  The following:

\_\_\_\_\_

First Name

M.I.

Last Name

Any required renuncements or nominations accompany this Petition.

11.  A bond with sureties with the penal sum amount of \$ \_\_\_\_\_ has been or will be filed.

**OR**

A bond without sureties has been or will be filed and is permissible because:

The Will waives sureties on the bond and no interested person has demanded that a bond with sureties be filed.

All devisees (if a Will is filed) or heirs (if no Will is filed) have waived sureties in writing and the waivers are filed with this Petition or are in the possession of the Court.

Other (include statutory reference): \_\_\_\_\_ .

12.  Copies of this Petition and the death certificate have been sent by certified mail to the Division of Medical Assistance, Estate Recovery Unit, P.O. Box 15205, Worcester, MA 01615-0205.

13. The Petitioner requests:

Unsupervised administration

There is no Will.

The Will directs unsupervised administration.

The Will directs supervised administration, but circumstances have changed since the execution of the Will and there is no necessity for supervised administration because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

Supervised administration

The Will directs supervised administration.

The Will directs unsupervised administration, but it is necessary for protection of persons interested in the estate because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Will directs supervised administration but it is necessary under the circumstances, specifically:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Petitioner requests that the Court:

- Formally admit the Decedent's Will to probate and determine heirs.
- Formally determine Decedent died without a Will and determine heirs.
- Formally determine the heirs of the Decedent.
- Formally appoint the nominee as Personal Representative in  unsupervised  supervised administration to serve  without sureties on the bond  with sureties on the bond with the penal sum amount of \$ \_\_\_\_\_ and that Letters be issued.

The Petitioner also requests:

- A setting aside of prior informal findings as to testacy.
- A setting aside of prior informal appointment of Personal Representative.
- Other:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---



---

## SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Petitioner (if applicable)

Information on Attorney for Petitioner

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Primary Phone #: \_\_\_\_\_

B.B.O. # \_\_\_\_\_

Email: \_\_\_\_\_