

RECEIVED:



- Instructions:**
- 1) Any person may use this form to petition the court for administration or probate of a will and the appointment of an administrator or executor. Each proposed fiduciary must sign the acceptance of trust.
 - 2) For Connecticut residents, the petition must be filed in the court for the probate district in which the decedent was domiciled on the date of death. If the decedent was not a Connecticut resident, the petition may be filed in a probate district meeting the requirements of C.G.S. sections 45a-287 or 45a-303
 - 3) Attach a certified copy of the decedent's death certificate (with the social security number redacted) along with the original will and codicils, if any. Also file Confidential Sheet, PC-200CI, with the decedent's confidential social security number. If the proposed fiduciary is not a Connecticut resident, attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
 - 4) If the petitioner is seeking to probate a will, the petition must send a copy of this petition to each heir of the decedent and beneficiary under the will, along with a copy of the will and codicil, and certify to the court that a copy has been sent. If a beneficiary is a charity, the petitioner must also send a copy of the petition and will and codicil to the Attorney General.
 - 5) For more information, see C.G.S. sections 45a-282 et seq. and 45a-303.
 - 6) Type or print in ink. **File in duplicate.** Use an additional sheet, or PC-180 if more space is needed.

Probate Court Name

District Number

Estate of (Include all names and initials under which any asset was held.)

Date of Death

Hereinafter referred to as the decedent

Wrongful Death Claim

Decedent's Residence at Time of Death (Include full address.)

Jurisdiction Based On:

Domicile in District Other

(If domicile is different than residence or jurisdiction is based on "Other," use Second Sheet, PC-180, for explanation.)

Petitioner (Name and address)

Surviving Spouse (Name and address. If there is no surviving spouse, so state.)

Heirs, Beneficiaries and Trustees, if any. Indicate any person who is under age 18 and include date of birth, any person in the military service or any person under conservatorship or legal disability. C.G.S. sections 45a-436, 45a-438 and 45a-439. Include the name, address and position of trust of the legal representative of any party. (Continued on next page.)

1. Heirs (Names and addresses)

Spouse

Estate of _____

The petitioner represents that:

- Decedent left a will and codicil(s) herewith presented for probate, dated _____.*
- Decedent, after making the will and codicil(s) had a child born, or adopted a minor child, or married or had his or her marriage dissolved by divorce or annulment. C.G.S. sections 45a-257a to 45a-257c. (Provide written explanation.)
- The proposed fiduciary named below is not the primary executor named in the will or codicil. (Provide copy of letter of declination or other written explanation.)
- Decedent left no will.
- One or more of the children listed are not also the children of the surviving spouse.
- Decedent had a conservator of the estate: (List name and probate district in which the conservator was appointed.)
- Decedent owned an interest in real estate other than in survivorship in Connecticut at the time of death.

The estimated value of solely owned assets, excluding real estate is \$_____.

Did the decedent or spouse or children of the decedent ever receive aid or care from the State of Connecticut? Yes No

If yes, check appropriate box(es). State of Connecticut Department of Veterans' Affairs. C.G.S. section 45a-355. (Rocky Hill facility)

WHEREFORE the petitioner requests that the will and codicil(s), if any, be approved and admitted to probate and that either letters testamentary or letters of administration be granted to the below-named proposed fiduciary.

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner

Type or Print Name

Date

PROPOSED FIDUCIARY

If appointed, I will accept the position of trust:

Signature of Proposed Fiduciary

Date:

Type or Print Name

Address

Telephone Number

Fiduciary is is not a resident of the State of Connecticut.

Signature of Proposed Fiduciary

Date:

Type or Print Name

Address

Telephone Number

Fiduciary is is not a resident of the State of Connecticut.

Estate of _____

Each of the undersigned represents that he or she has examined the petition and related documents and HEREBY WAIVES NOTICE OF HEARING upon the petition and has NO OBJECTION to the granting and approval thereof. (If space is insufficient, use General Waiver, PC-181. Please also type or print name.)

Name:

Name:

Name:

Name:

Name:

Name:

CERTIFICATION

* I certify that a copy of the will and codicil(s), if any, and this petition were sent to the following persons as provided in the Probate Court Rules of Procedure, sections 30.6(a) and 30.7:

Name and Address

Signature of Petitioner or Attorney

Type or Print Name

Date

CERTIFICATE - EXISTENCE OF INTER VIVOS TRUST

(Complete this section for trusts that are beneficiaries under the will.)

This is to certify that the trust document for the _____ (Name of Trust)

dated _____ between _____ (Name(s) as grantor(s) and

_____ (Name(s) as trustee(s), is in my/our possession, has been duly

executed, and the trust is in full force and effect.

The representations contained in this certificate are made under penalty of false statement.

Signature of Current Trustee

Type or Print Name

Date

Signature of Current Trustee

Type or Print Name

Date