



Description of Property		Estimated Value
Motor vehicle make, model, VIN:		n/a
	<b>Total:</b>	

9. The following are the names and addresses of all persons who, with the deceased, were joint owners of property. Also listed are the names and addresses of those who would take under the provisions of G.L. c. 190B, §§ 2-101 through 2-114 in the case of intestacy, and the names and addresses of those persons and/or charities who would take as devisees under the provisions of the Will.

Name	Address	Interest
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner

10. No petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction. The undersigned understands that I/we are answerable and accountable to any subsequently appointed Personal Representative of the estate or any other person having a superior right to the estate.

11. The undersigned will act as a Voluntary Personal Representative of the probate estate of the deceased and will administer the same according to law, and apply assets of the probate estate to those persons entitled as creditors, heirs, takers under any Will, or otherwise in accordance with G.L. c. 190B, § 3-1201.

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## 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)

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### 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: \_\_\_\_\_