PETITION FOR LATE AN TESTACY and/or	_	Docket No.		wealth of Mass The Trial Cour ate and Family	t
PURSUANT TO G. L. o	. 190B, § 3-108(4)		1100	ate and ranning	Court
☐ Original Form	☐ Amended Form				
Estate of:					
First Name M	ddle Name Last	Name			_ Division
Date of Death:					
	You cannot use this form		lied prior to Marc	h 31, 2012)	
	I GENERA	AL INFORMATION			
The Petitioner(s) (hereafter "Pe				nents:	
Information about the Deced	ont·				
Name:	ont.				
First N	ame	Middle Name		Last Name	
Also known as:					
, 100 Miletini dei	Name				
Oter et A I les es					
Street Address:	(Address) (A	Apt. Unit. No. etc.)	(Citv/Town)	(State)	(Zip)
The Decedent died on or <b>AF</b>			, ,	at the age of	years.
The Decedent died on or AF		(da	ate)		
The Decedent was domiciled					
	(City/	Town)		State)	
A death certificate issue	by a public officer is in the	e possession of the	court or accompa	nies this Petitio	n.
A death certificate issue	d by a public officer is not in	n the possession of	f the court and doe	s not accompai	ny this Petition
The circumstances whic 1-107):	n make it impossible for a d	death certificate to l	be provided are (S	ee G. L. c. 190l	B, §§ 3-402(b)
2. Information about the Petitio	ner:				
Name:					
Firs	t Name	M.I.		Last Name	
(Address	(Apt, Unit, N	No. etc.)	(City/Town)	(State)	(Zip)
Mailing Address, if different:					
	(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Primary Phone #:					
The Petitioner has a property priority for appointment as P interest is as follows:					
(e.g., Personal Representati 3-101).	ve named in a will, survivin	g spouse, heir, dev	visee, etc. See G. L	c. 190B, §§ 1	-201(24),

3. No original proceeding relative to the estate has occurred within the three (3) year period after the Decedent's death and a formal testacy proceeding or appointment is necessary for the limited purpose of confirming title in the successors to estate assets listed in #8 below and paying expenses of administration, if any. See G. L. c. 190B, § 3-108(4).

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4.	Venue for this proceeding is proper in this county because on the date of death, the Decedent:
	was domiciled in this county. was not domiciled in Massachusetts, but had property located in this county at:
	(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
5.	The Petitioner shall give notice once by citation to the Division of Medical Assistance. To do so, the Petitioner shall send a copy of the citation when issued by the Court together with a copy of this Petition and death certificate by certified mail at least fourteen (14) days before the return day to the Division of Medical Assistance, Estate Recovery Unit, P.O. Box 15205, Worcester, MA 01615-0205. For specific details, see the citation's Order of Notice.
	II. PERSONS INTERESTED IN THE ESTATE
6.	The Decedent's surviving spouse, children, heirs at law and devisees (if any), so far as known or ascertainable with reasonable diligence by the Petitioner are as stated in form MPC 162 Surviving Spouse, Children, Heirs at Law AND if the Decedent died with a will, form MPC 163 Devisees incorporated herein.
	☐ There are additional heirs at law who are not known to the Petitioner.
OR	M ALERT: Failure to submit this information will result in a delay in processing your case.
	III. <u>TESTACY STATUS</u>
7.	The Decedent died (select one):
	☐ Intestate (without a will)
	After the exercise of reasonable diligence, the Petitioner is unaware of any unrevoked testamentary instrument relating to property in Massachusetts, or $\square$ see attached statement of why such an instrument is not being probated.
	☐ Testate (with a will)
	The date of the Decedent's last will is
	☐ The dates of all codicils are
	(select 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
	a copy of the original will accompanies this Petition <b>OR</b>
	a statement of its contents are attached and incorporated herein.
	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.
	IV. ESTATE ASSETS
8.	This Petition concerns the succession of the Decedent's interest in the following property:
	A. REAL PROPERTY (List all real estate):
	Description of Property Location of Property Decedent's Interest

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**B.** PERSONAL PROPERTY (List all stocks, bonds, securities, cash and other personal property):

Description of Property	Location of Property			Decede	Decedent's Interes	
9. The Petitioner requests that the for Representative for the limited pur	ollowing qualifi pose of confirr	<i>(if requested)</i> ed person, who is				
paying expenses of administration.	_	or(s)				
Name of other(s):	(3).	er(s).				
F	irst Name		M.I.	Last Name		
(Address)	<del>(</del> A	pt, Unit, No. etc.)	(City/Town)	(State)	(Zip)	
` , , , , , , , , , , , , , , , , , , ,				(Glato)	( <b>Δ</b> ip)	
	(Address)	(Apt, Unit, No.	etc.) (City/Town)	(State)	(Zip)	
Primary Phone #:						
10. Select all that apply:						
All or some of the nominees have	e priority for ap	pointment:				
by statute. See G. L. c. 190						
by renunciation and/or nom	_	ns with higher or	equal rights to appointn	nent are:		
		G				
First Name		M.I.	L	ast Name		
DRM ALERT: Any required renunciati		_	MPC 455 must accom	pany this Petitio	on.	
				Last Name		
First Name		M.I.		Lastinaille		

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necessary.

11. Select one of the following:				
A bond with sureties in the penal sum amount of \$	has been or will be filed.			
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 demand	ded that a bond with sureties be filed.			
All devisees (if a will is filed) or heirs (if no will is filed) have waived sureties	s in writing using form MPC 455			
and all waivers are filed with this Petition or are in the possession of the cou	urt.			
FORM ALERT: All persons seeking appointment must file a bond using form MPC	<u>C 801</u> .			
12. The Petitioner requests that the Personal Representative serve in a(n) (select one):				
Unsupervised Administration because:				
☐ The Decedent died intestate (without a will).				
☐ The will directs unsupervised administration or is silent on the issue.				
The will directs supervised administration, but circumstances have change and there is no necessity for supervised administration because:	ed since the execution of the will			
Supervised Administration because:				
☐ The will directs supervised administration.				
The will directs unsupervised administration, but it is necessary for protection because:	on of persons interested in the estate			
No will directs supervised administration but it is necessary under the circur	nstances, specifically:			
<ul> <li>The appointment of a Special Personal Representative is necessary pursuant to motion and affidavit filed with this Petition.).</li> </ul>	o G. L. c. 190B, § 3-614 (See separate			
VI. RELIEF REQUESTED				
Wherefore, the Petitioner requests that the court:				
Admit the Decedent's will to formal probate and determine both the heirs and devise	ees.			
☐ Determine that the Decedent died without a will and determine the heirs.				
☐ Appoint the nominee(s) as Personal Representative of the estate in a(n) ☐ unsupervised ☐ supervised administration				
to serve  with  without sureties on the bond and that Letters be issued to	hat limit the authority of the			
Personal Representative to confirming title in the successors to the estate assets id administration, if any.	entified herein and paying expenses of			
Appoint a Special Personal Representative pending the appointment of the nominal	ted Personal Representative.			
SIGNED UNDER THE PENALTIES OF I	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				

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nformation on Attorney for Petitioner, if any		
	Signature of Attorney	
	(Print nar	ne)
	(Address)	(Apt, Unit, No. etc.)
	(City/Town)	(State) (Zip)
	Primary Phone #:	
	B.B.O. #	
	Email:	

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