SURROGATE’S COURT OF THE STATE OF NEW YORK COUNTY OF

VOLUNTARY ADMINISTRATION, Estate of RENUNCIATION OF VOLUNTARY ADMINISTRATION

 , (as of 11/2019)

Deceased. File No.

TO THE SURROGATE’S COURT:

The undersigned, whose domiciliary address is

(Street Address) (City/Town/Village) (State) (Zip)

Mailing Address

(If different from domicile)

being of full age and [check and complete]

[ ] a distributee of the above-named decedent and related as a

(state relationship)

[ ] a fiduciary or legatee named in the decedent’s will dated

hereby personally appears herein and renounces all right to act as voluntary administrator of the goods, chattels and credits of the decedent.

(Renouncing Party)

(Print Name)

STATE OF )

) ss.: COUNTY OF )

On the day of , 20 , before me personally came

 , known to me to be the individual described in and who executed the foregoing instrument, and to me such person duly acknowledged that he/she executed the same.

Notary Public

My commission expires:

Signature of Attorney: Print Name of Attorney: Firm Name: Tel. No. Address of Attorney:

SE-1C (11/2019)