

Fee Pd _____

Receipt No. _____

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF _____

IN THE MATTER OF THE APPLICATION TO SEARCH A
SAFE DEPOSIT BOX FOR THE WILL OR OTHER PAPERS
OF _____,

**PETITION TO SEARCH
SAFE DEPOSIT BOX**

FILE # _____

Deceased.

To the Surrogate's Court of _____ County, it is respectfully alleged:

(1) The name and domicile of the petitioner is as follows:

Name: _____

Domicile or if a financial institution, Principal Office:

(Street address) (City, Town or Village) (County) (State) (Zip) (Telephone Number)

Mailing address, if different from domicile, is: _____

(2) The petitioner is [*indicate*] [] the nearest surviving distributee of the decedent [] the executor named in the decedent's will [] has an interest in the decedent's estate as follows:

(3) The name, date, place of death, and domicile of the decedent are as follows:

Name: _____ Date of death: _____

Place of death: _____

Domicile: _____

(Street address) (City, Town or Village) (P.O. if different) (State) (Zip)

(4) The decedent has a safe deposit box in the vault of _____, a banking corporation doing business in _____ County, New York. Petitioner is informed and believes that the decedent left a will or other papers in the safe deposit box.

Wherefore petitioner prays that an Order be made pursuant to SCPA § 2003 permitting the petitioner, in the presence of an officer of the banking corporation, to examine the safe deposit box for the purposes of ascertaining if the decedent's will is contained therein, and to obtain a deed to a burial plot and any insurance policies made payable to a named beneficiary, and further directing the petitioner to make an inventory of the contents of the safe deposit box.

Dated: _____, 20____

Signature of Petitioner

STATE OF NEW YORK)

COUNTY _____)

_____, being duly sworn, says:

I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge except as to matters stated to be alleged upon information and belief and as to those matters I believe it to be true.

Signature of Petitioner

Sworn to before me this

_____ day of _____, 20____

Notary Public
My Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney: _____

Print Name: _____ Tel No.: _____

Firm Name: _____