

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

PROBATE PROCEEDING,
WILL OF JOHN SIMON

a/k/a JOHN M. SIMON

Deceased.

Filing Fee Paid \$ _____
Certs \$ _____
Certs \$ _____
\$ _____ Bond, Fee: \$ _____
Receipt No: _____ No: _____

PETITION FOR PROBATE AND:

☒ **Letters Testamentary**
☐ **Letters of Trusteeship**
☐ **Letters of Administration c.t.a.**

File No. _____

To the Surrogate's Court, County of Nassau

It is respectfully alleged:

1.(a) The name, citizenship, domicile (or, in the case of a bank or trust company, its principal office) and interest in this proceeding of the petitioner are as follows:

Name: Claude Simon

Domicile or Principal Office: 71 Tonjes Road

(Street and Number)

Calicoon

NY

12723

(City, Village or Town)

(State)

(Zip Code)

Mailing Address: _____

(If different from domicile)

Citizen of: USA

Name: _____

Domicile or Principal Office: _____

(Street and Number)

(City, Village or Town)

(State)

(Zip Code)

Mailing Address: _____

(If different from domicile)

Citizen of: _____

Interest (s) of Petitioner (s): [Check one] ☒ Executor (s) named in decedent's Will
☐ Other (Specify)

1.(b) The proposed Executor ☐ is ☒ is not an attorney.

[NOTE: A sole Executor-Attorney must comply with 22 NYCRR 207.16(e)]

1.(c) The proposed Executor ☐ is ☒ is not the attorney-draftsperson, a then-affiliated attorney or employee thereof.

[NOTE: An attorney-draftsperson, a then-affiliated attorney or employee thereof must comply with SCPA 2307-a]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent as follows:

(a) Name: JOHN M. SIMON

(b) Date of death 6-27-2013

(c) Place of death 6 Edwards Lane, Glen Cove, NY 11542

(d) Domicile: Street 6 Edwards Lane

City, Town, Village Glen Cove

County Nassau

State NY

(e) Citizen of: USA

3. The Last Will, herewith presented, relates to both real and personal property and consists of an instrument or instruments dated as shown below and signed at the end thereof by the decedent and the following attesting witnesses:

12-22-1994

(Date of Will)

Susanne Gantz, Samuel Martinez, and Ira Lichtiger

(Names of All Witnesses to Will)

(Date of Codicil)

(Names of All Witnesses to Codicil)

(Date of Codicil)

(Names of All Witnesses to Codicil)

4. No other will or codicil of the decedent is on file in this Surrogate's Court, and upon information and belief, after a diligent search and inquiry, including a search of any safe deposit box, there exists no will, codicil or other testamentary instrument of the decedent later in date to any of the instruments mentioned in Paragraph 3 except as follows:

[Enter "NONE" or specify]

None

5. The decedent was survived by distributees classified as follows: [Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1 and 4-1.2. State the **number** of survivors in each class. Insert "**NO**" in all prior classes. Insert "**X**" in all subsequent classes].

- a. _____ [1] Spouse (husband/wife).
- b. _____ [x] Child or children and/or issue of predeceased child or children. **[Must include marital, nonmarital, adopted, or adopted-out of child under DRL Section 117]**
- c. _____ [x] Mother/Father.
- d. _____ [x] Sisters and/or brothers, either of the whole or half blood, and issue of predeceased sisters and/or brothers (nieces/nephews, etc.)
- e. _____ [x] Grandparents. [Include maternal and paternal]
- f. _____ [x] Aunts and/or uncles, and children of predeceased aunts and/or uncles (first cousins). [Include maternal and paternal]
- g. _____ [x] First cousins once removed (children of predeceased first cousins). [Include maternal and paternal]

6. The names, relationships, domicile and addresses of all distributees (under EPTL 4-1.1 and 4-1.2), of each person designated in the Will herewith presented as primary executor, of all persons adversely affected by the purported exercise by such Will of any power of appointment, of all persons adversely affected by any codicil and of all persons having an interest under any other will of the decedent on file in the Surrogate's Court, are hereinafter set forth in subdivisions (a) and (b).

[If the propounded will purports to revoke or modify an inter vivos trust or any other testamentary substitute, list the names, relationships, domicile and addresses of the trustee and beneficiaries affected by the will in subparagraphs (a) and (b) below. **Submit trust agreement**]

(a) All persons and parties so interested who are of **full age and sound mind** or which are corporations or associations, are as follows:

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
Claude Simon	71 Tonjes Road, Calicoon, NY 12723	Executor/Trustee - son
John C. Simon	409 Cambridge Court, Glen Cove, NY 11542	Sucessor Executor & Trustee - son
Vicki Claireaux Simon	6 Edwards Lane, Glen Cove, NY 11542	Beneficiary - wife
Deirdre Dore	608 Highway 6 South, Nakusp BC V0G 1R1 Canada	Daughter

- (b) All persons so interested who are **persons under disability**, are as follows:
[Furnish all information specified in NOTE following 7b]

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
None		

7. (a) The names and domiciliary of all substitute or successor executors and of all trustees, guardians, legatees, devisees, and other beneficiaries named in the Will and/or trustees and beneficiaries of any inter vivos trust designated in the propounded Will other than those named in Paragraph 6 herewith are as follows:

Name	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
None		

(b) All such legatees, devisees and other beneficiaries who are persons under disability are as follows: [Furnish all information specified in NOTE below]

Name	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
None		

[NOTE: In the case of each infant, state (a) name, birth date, relationship to decedent, domicile and residence address, and the person with whom he/she resides, (b) whether or not he/she has a court-appointed guardian (if not, so state), and whether or not his/her father and/or mother is living, and (c) the name and residence address of any court-appointed guardian and the information regarding such appointment. In the case of each other person under a disability, state (a) name, relationship to decedent, and residence address, (b) facts regarding his disability including whether or not a committee, conservator, guardian, or any other fiduciary has been appointed and whether or not he/she has been committed to any institution, and (c) the names and addresses of any committee, person or institution having care and custody of him/her, conservator, guardian, and any relative or friend having an interest in his/her welfare. In the case of a person confined as a prisoner, state place of incarceration and list any person having an interest in his/her welfare. In the case of unknowns, describe such person in the same language as will be used in the process.]

8. (a) No beneficiary under the propounded will, listed in Paragraph 6 or 7 above, had a confidential relationship to the decedent, such as attorney, accountant, doctor, or clergy person, except: **[Enter "NONE" or indicate the nature of the confidential relationship]**. None

(b) No persons, corporations or associations are interested in this proceeding other than those mentioned above.

9. (a) To the best of the knowledge of the undersigned, the approximate total value of all property constituting the decedent's gross testamentary estate is greater than \$ \$100,000 but less than \$ \$250,000.

Personal Property \$ 10,000 Improved real property in New York State \$ 235,000

Unimproved real property in New York State \$ none

Estimated gross rents for a period of 18 months \$ none

(b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the estate, except as follows: **[Enter "NONE" or specify]**
none

10. Upon information and belief, no other petition for the probate of any will of the decedent or for letters of administration of the decedent's estate has heretofore been filed in any court.

WHEREFORE your petitioner (s) pray (s) that process be issued to all necessary parties to show cause why the Will and the Codicil (s) set forth in Paragraph 3 and presented herewith should not be admitted to probate; (b) that an order be granted directing the service of process, pursuant to the provisions of Article 3 of the S.C.P.A., upon the persons named in Paragraph (6) hereof whose names or whereabouts are unknown and cannot be ascertained, or who may be persons on whom service by personal delivery cannot be made; and (c) that such Will and Codicil (s) be admitted to probate as a Will of real and personal property and that letters issue thereon as follows: [Check and complete all relief requested.]

☒ Letters Testamentary to CLAUDE SIMON

☐ Letters of Trusteeship to _____ f/b/o _____

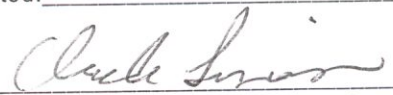
_____ f/b/o _____

_____ f/b/o _____

☐ Letters of Administration c.t.a. to _____

and that petitioner (s) have such other relief as may be proper.

Dated: _____

1. 
(Signature of Petitioner)

CLAUDE SIMON
(Print Name)

2. _____
(Signature of Petitioner)

(Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

COMBINED VERIFICATION, OATH AND DESIGNATION

[For use when petitioner is an individual]

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:

1. VERIFICATION: 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 the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ☒ EXECUTOR ☐ ADMINISTRATOR c.t.a. ☐ TRUSTEE as indicated above: I am over eighteen (18) years of age and a citizen of the United States and I will well, faithfully and honestly discharge the duties of Fiduciary of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of Nassau County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is : 71 Tonjes Road Calicoon NY 12723
(Street Address) (City/Town/Village) (State) (Zip)


(Signature of Petitioner)

Claude Simon

(Print Name)

On _____, 20 15, before me personally came

Claude Simon

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

Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

Signature of Attorney: 

Print Name: Mel B. Ginsburg

Firm Name: Vernon & Ginsburg, LLP

Tel No. : 212-949-7300

Address of Attorney: 261 Madison Avenue, New York, NY 10016

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF NASSAU _____X

PROBATE PROCEEDING,
WILL OF JOHN SIMON _____

WAIVER OF PROCESS:
CONSENT TO PROBATE

a/k/a JOHN M. SIMON _____

File No. _____

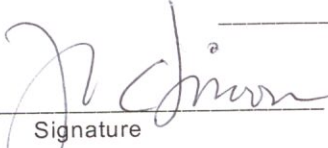
Deceased. _____X

To the Surrogate's Court, County of Nassau _____

The undersigned, being of full age and sound mind, residing at the address written below and interested in this proceeding as set forth in paragraph 6a of the petition, hereby waives the issuance and service of citation, in this matter and consents that the court admit to probate the decedent's Last Will and Testament dated December 22, 20 1994 (and codicils, if any, dated _____), a copy of each of which testamentary instrument had been received by me, and that

[x] Letters Testamentary issue to CLAUDE SIMON _____

[] Letters if Trusteeship issue to _____
of the following trusts: _____


<u>2/20/2015</u> Date	 Signature <u>John C. Simon</u> Print Name	<u>409 Cambridge Court</u> Street Address <u>Glen Cove, NY 11542</u> Town/State/Zip	<u>Son</u> Relationship
--------------------------	---	--	----------------------------

STATE OF NEW YORK
COUNTY OF Nassau ss.:

On Feb 20, 20 15, before me personally appeared _____

John C. Simon

to me known and known to me to be the person described in and who executed the foregoing waiver and consent and duly acknowledged the execution thereof.


Notary Public

Commission Expires:
(Affix Notary Stamp or Seal)

LORRAINE LUPOLA
Notary Public, State of New York
Qualified in Nassau County
No. 01LU6149413
My Commission Expires 07/10/20 18

Signature of Attorney: _____
Print Name: Mel B. Ginsburg
Firm Name: Vernon & Ginsburg, LLP Tel No. 212-949-7300
Address of Attorney: 261 Madison Ave., New York, NY 10016

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

PROBATE PROCEEDING,
WILL OF JOHN SIMON

WAIVER OF PROCESS:
CONSENT TO PROBATE

a/k/a JOHN M. SIMON

File No. _____

Deceased.

To the Surrogate's Court, County of Nassau

The undersigned, being of full age and sound mind, residing at the address written below and interested in this proceeding as set forth in paragraph 6a of the petition, hereby waives the issuance and service of citation, in this matter and consents that the court admit to probate the decedent's Last Will and Testament dated December 22, 20 1994 (and codicils, if any, dated _____), a copy of each of which testamentary instrument had been received by me, and that

[x] Letters Testamentary issue to CLAUDE SIMON

[] Letters if Trusteeship issue to _____

of the following trusts: _____

<u>2-20-15</u>	<u>VICKI S SIMON</u>	<u>6 Edwards Lane</u>	<u>Wife</u>
Date	Signature	Street Address	Relationship
	<u>Vicki Claireaux Simon</u>	<u>Glen Cove, NY 11542</u>	
	Print Name	Town/State/Zip	

STATE OF NEW YORK
COUNTY OF Nassau ss.:

On Feb 20, 20 15, before me personally appeared _____

Vicki Claireaux Simon

to me known and known to me to be the person described in and who executed the foregoing waiver and consent and duly acknowledged the execution thereof.



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

LORRAINE LUPOLA
Notary Public, State of New York
Qualified in Nassau County
No. 01LU6149413
My Commission Expires 07/10/20 18

Signature of Attorney: _____
Print Name: Mel B. Ginsburg
Firm Name: Vernon & Ginsburg, LLP Tel No. 212-949-7300
Address of Attorney: 261 Madison Ave., New York, NY 10016