

VERNON & GINSBURG, LLP

261 MADISON AVENUE

NEW YORK, NEW YORK 10016

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TELEPHONE
212.949.7300

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212.697.4432

February 22, 2019

Via: Certified Mail

Surrogate's Court, Nassau County
Attn: Administration Department
262 Old Country Road
Mineola, NY 11501

Re: Petition for Letters of Administration
Estate of Vicki R.C. Simon a/k/a Vicki Claireaux Simon

Administration Department:

Enclosed are the following documents and payment for the Petition for Letters of Administration of the Estate of Vicki R.C. Simon a/k/a Vicki Claireaux Simon:

1. Bank check for \$1,250.00 payable to Nassau County Surrogate's Court.
2. Petition for Letters of Administration.
3. Original Death Certificate.
4. Waiver of Citation.
5. Family Tree Form.
6. Citation.

Sincerely yours,



Eliza Schmitt
(eschmitt@vgllp.com)
Paralegal

Enclosures.
Check #115099936.

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

**SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU**

Deceased

(☒) Administration
() Limited Administration
() Administration with Limitations
() Temporary Administration
File No. _____

It is respectfully alleged:

Name: CLAUDE SIMON

Domicile: 71 TONJES ROAD		CALLICOON	
(Street Address)		(City/Town/Village)	
SULLIVAN	NEW YORK	12723	(912) 441-0062
(County)	(State)	(Zip)	(Telephone Number)

Mailing address is: _____
(if different from domicile)

Citizenship (check one): ☒ U.S.A. ☐ Other (specify) _____

(X) Distributee of decedent (state relationship) SON

() Other (specify) _____

Is proposed Administrator an attorney? () Yes (X) No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:
[The Death Certificate must be filed with this proceeding. If the decedent's domicile is different from that shown on the death certificate, check box _____ and attach an affidavit explaining the reason for this inconsistency.]

Name: VICKI R.C. SIMON

Domicile: <u>6 EDWARDS LANE</u>	<u>GLEN COVE</u>
(Street Number)	(City, Village/Town)
<u>NEW YORK</u>	<u>11542</u>
(State)	(Zip Code)

Township of: GLEN COVE County of: NASSAU

Date of Death: SEPTEMBER 30, 2018 / Place of Death: PRIVATE RESIDENCE

Citizenship: (check one): (☒) U.S.A. (☐) Other (specify)

[Note: For Items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3.(a) The estimated gross value of the decedent's personal property passing by intestacy is less than

\$ 800,000.00

(b) The estimated gross value of the decedent's real property, in this state, which is (x) improved, () unimproved, passing by intestacy is less than

\$ 850,000.00

A brief description of each parcel is as follows:

6 Edwards Lane, Glen Cove, NY 11542

(c) The estimated gross rent for a period of eighteen (18) months is the sum of \$ ---

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: **[Write "NONE or state briefly the cause of action and the person against whom it exists, including names and carrier].** None.

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here and furnish names(s) and address(es) of parent(s) in Paragraph 7. See EPTL 5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) (has) (have) been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2:

- a. (NQ) Spouse (husband/wife).
- b. (3) Child or children or descendants of predeceased child or children. **[Must include marital, nonmarital and adopted].**
- c. (X) Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. (X) Mother/Father.
- e. (X) Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. (X) Grandmother/Grandfather.
- g. (X) Aunts or uncles, and children of predeceased aunts and uncles (first cousins).
- h. (X) First cousins once removed (children of first cousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office address and citizenship are as follows:

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death, and relationship of the ancestor to the decedent. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.16(b).

If any person listed in paragraph (7) is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].

7a. The following are of full age and under no disability: [If nonmarital or adopted-out person, so indicate by attaching Schedule A and/or B]

Name	Relationship	Domicile and Mailing Address	Citizenship
<u>Claude Simon</u>	<u>Son</u>	<u>71 Tonjes Road</u>	<u>USA</u>
<u>John C. Simon</u>	<u>Son</u>	<u>Callicoon, NY 12723</u>	<u>USA</u>
<u>Deirde Dore</u>	<u>Daughter</u>	<u>409 Cambridge Court</u>	<u>USA</u>
		<u>Glen Cove, NY 11542</u>	<u>USA</u>
		<u>608 Highway 6 South</u>	
		<u>Nakusp BC V0G 1R1</u>	
		<u>Canada</u>	

7b. The following are infants and/or persons under disability: [Attach applicable Schedule A, B, C, and/or D]

Name	Relationship	Domicile and Mailing Address	Citizenship

8. There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

None.

9. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested]

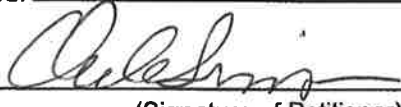
- () a. process issue to all necessary parties to show cause why letters should not be issued as requested;
- () b. an order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are non-domiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- (X) c. a decree award Letters of:
- (X) Administration to CLAUDE SIMON
- () Limited Administration to _____
- () Administration with Limitation to _____
- () Temporary Administration to _____

or to such other person or persons having a prior right as may be entitled thereto, and;

- () d. That the authority of the representative under the forgoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.
- () e. That the authority of the representative under the foregoing Letters be limited as follows:

f. [State any other relief requested.] _____

Dated: _____

1. 12-19-18

(Signature of Petitioner)

2. 12-19-18

(Signature of Petitioner)

CLAUDE SIMON
(Print Name)

(Print Name)

STATE OF NEW YORK)
COUNTY OF NY) ss:

COMBINED VERIFICATION, OATH AND DESIGNATION
[For use when petitioner is to be appointed administrator]

I, the undersigned the petitioner named in the foregoing petition, being duly sworn, say:

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 ADMINISTRATOR 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 Administrator 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 do 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 Surrogate's 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, CALLICOON, NY 12723
(Street/Number) (City, Village/Town) (State) (Zip)


Signature of Petitioner

On the 19th day of December, 2018, 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 EXT. 208

Address of Attorney: 261 MADISON AVENUE, 26TH FL, NEW YORK, NY 10016

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE

RECORDED DISTRICT
2901
REGISTER NUMBER
278

1. NAME: FIRST VICKI		MIDDLE R.C.		LAST SIMON		2. SEX: MALE <input type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2		3A. DATE OF DEATH: MONTH DAY YEAR 09 30 2018		3B. HOUR: 10:40 A		
4A. PLACE OF DEATH: (Check one) <input type="checkbox"/> HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify):		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR										
4C. NAME OF FACILITY: (If not facility, give address) 6 EDWARDS LANE, GLEN COVE, NY 11542						4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN XX <input type="checkbox"/> <input type="checkbox"/> GLEN COVE		4E. COUNTY OF DEATH: NASSAU				
4F. MEDICAL RECORD NO.		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>										
5. DATE OF BIRTH: MONTH DAY YEAR 08 19 1924			5A. AGE IN YEARS: 94 yrs.		5B. IF UNDER 1 YEAR ENTER: months days		5C. IF UNDER 1 DAY ENTER: hours minutes		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) LONDON, UNITED ENGLAND, KINGDOM		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 0 <input type="checkbox"/> 1		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino: <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)				10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: <input checked="" type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (specify) <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Other Pacific Islander (specify)						
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. <input checked="" type="checkbox"/> < 8th grade <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate/Professional degree						12. SOCIAL SECURITY NUMBER: 067-24-5882						
13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input type="checkbox"/> 5						14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.						
15A. USUAL OCCUPATION: (Do not enter retired) HOME MAKER						15B. KIND OF BUSINESS OR INDUSTRY: HOME MAKER						
15C. NAME AND LOCALITY OF COMPANY OR FIRM: OWN HOME						16A. RESIDENCE: (State or Country if not USA) NEW YORK						
16B. County or Region/Province If not USA: NASSAU						16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GLEN COVE						
16D. STREET AND NUMBER OF RESIDENCE: 6 EDWARDS LANE, GLEN COVE						16E. ZIP CODE: 11542						
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN:						17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST CHARLES CLAIREAUX						
18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST FLORRIE GREEN						19A. NAME OF INFORMANT: CLAUDE SIMON						
19B. MAILING ADDRESS: (include zip code) 71 TONJES ROAD, CALLICOON, NY 12723						20A. 1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION MONTH DAY YEAR 10 05 2018						
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: NASSAU-SUFFOLK CREMATORY						20C. LOCATION: (City or town and state) LAKE RONKONKOMA, NY						
21A. NAME AND ADDRESS OF FUNERAL HOME: AFFORDABLE CREMATION SERVICES OF NEW YORK 130 CARLETON AVENUE, CENTRAL ISLIP, NY 11722						21B. REGISTRATION NUMBER: 00029						
22A. NAME OF FUNERAL DIRECTOR: NICHOLAS A WHEELER						22B. SIGNATURE OF FUNERAL DIRECTOR: 						
22C. REGISTRATION NUMBER: 14544						23A. SIGNATURE OF REGISTRAR: 						
23B. DATE FILED: MONTH DAY YEAR 10 05 2018						24A. BURIAL OR REMOVAL PERMIT ISSUED BY: 						
24B. DATE ISSUED: MONTH DAY YEAR 10 05 2018						ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER						
5A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Carmen Bassarrah License No.: 305792 Signature: Carmen Bassarrah Month Day Year 10 01 2018 Certifier's Title: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner Address: 99 Sunnyside Blvd Woodbury NY 11797 B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Address: C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Signature: Address:												
26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year 08 18 2018 TO 09 30 2018												
26B. Deceased last seen alive by attending physician: Month Day Year 09 29 2018												
26C. Pronounced Dead ON Month Day Year AT Time 09 30 2018 AT 10:40 A												
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6												
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> 1 <input type="checkbox"/> YES <input type="checkbox"/> 2												
29A. AUTOPSY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> 1 <input type="checkbox"/> 2												
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 <input type="checkbox"/> 2												
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) Sepsis unspecified organism DUE TO OR AS A CONSEQUENCE OF: (B) Cholangitis DUE TO OR AS A CONSEQUENCE OF: (C) 8/13/2018												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Atherosclerotic Heart Disease												
31A. IF INJURY, DATE: MONTH DAY YEAR 10 30 2018												
31B. INJURY LOCALITY: (City or town and county and state)												
31C. DESCRIBE HOW INJURY OCCURRED:												
31D. PLACE OF INJURY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 <input type="checkbox"/> 2												
31E. INJURY AT WORK? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 <input type="checkbox"/> 2												
31F. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> OTHER (specify)												
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 <input type="checkbox"/> 2												
33. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year												
33B. DATE OF DELIVERY: MONTH DAY YEAR												

This is to certify that this document is a true certified copy of a death record on file in the office of the Registrar, Glen Cove, County of Nassau. DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE CITY OF GLEN COVE IS AFFIXED THEREON.

Registrar *Edleen Born*

For use by physician or institution:
NAME OF DECEDENT: **Vicki Simon**
TIME OF DEATH: **10:40 AM**
DATE OF DEATH: **09/30/2018**

CAUSE OF DEATH

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

ADMINISTRATION PROCEEDING
Estate of VICKI R.C. SIMON

a/k/a VICKI CLAIREAUX SIMON
Deceased.

WAIVER OF CITATION,
RENUNCIATION AND CONSENT TO
APPOINTMENT OF ADMINISTRATOR
(INDIVIDUAL)

File No. _____

The undersigned, a distributee or creditor of the above named decedent and being of full age and sound mind hereby voluntarily appears in the Surrogate's Court of NASSAU County, New York and waives the issuance and service of citation in this matter, renounces all right to Letters of Administration of the above captioned estate and consents that

- (X) Letters of Administration
() Letters of Administration with Limitations
() Limited Letters of Administration

be issued to CLAUDE SIMON
or any other person or persons entitled thereto without any notice whatsoever to the undersigned, and consents

- (X) that a bond be dispensed with and hereby specifically release any claim I might have under any bond that may be filed
() that a bond in the amount of \$ _____ be posted

12/11/2018
Date
Signature
JOHN C. SIMON
Print Name

409 CAMBRIDGE COURT
Street Address
GLEN COVE, NY 11542
Town/State/Zip

SON
Relationship

STATE OF NEW YORK
COUNTY OF Nassau ss.:

On December 11th, 2018, 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 each duly acknowledged the execution thereof.

Leonard J. Vicciardo
Notary Public
Commission Expires: 09/26/2020
(Affix Stamp or Seal)

LEONARD J VICCIARDO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01VI6348243
Qualified In Nassau County
My Commission Expires 09-26-2020

MEL B. GINSBURG
Name of Attorney
261 MADISON AVE, 26TH FL
Address
NEW YORK, NY 10016
(212) 949-7300 EXT. 208
Telephone No.

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

ADMINISTRATION PROCEEDING
Estate of VICKI R.C. SIMON

WAIVER OF CITATION,
RENUNCIATION AND CONSENT TO
APPOINTMENT OF ADMINISTRATOR
(INDIVIDUAL)

a/k/a VICKI CLAIREAUX SIMON
Deceased.

File No. _____

The undersigned, a distributee or creditor of the above named decedent and being of full age and sound mind hereby voluntarily appears in the Surrogate's Court of NASSAU County, New York and waives the issuance and service of citation in this matter, renounces all right to Letters of Administration of the above captioned estate and consents that

- (X) Letters of Administration
() Letters of Administration with Limitations
() Limited Letters of Administration

be issued to CLAUDE SIMON

or any other person or persons entitled thereto without any notice whatsoever to the undersigned, and consents

- (X) that a bond be dispensed with and hereby specifically release any claim I might have under any bond that may be filed
() that a bond in the amount of \$ _____ be posted

Deirdre Lynn Claireaux Dore

12/06/2018

Date

Signature

608 HIGHWAY 6 SOUTH

Street Address

DAUGHTER

Relationship

DEIRDRE DORE

Print Name

NAKUSP, BC V0G 1R1, CANADA

Town/State/Zip

STATE OF VIRGINIA

COUNTY OF Fairfax ss.:

On December 6, 2018, before me personally appeared Deirdre Lynn Claireaux Dore

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

Jennifer L Facen-Vaughn 7754432
Notary Public Jennifer L Facen-Vaughn
Commission Expires: 11/30/2021
(Affix Stamp or Seal)



MEL B. GINSBURG

Name of Attorney

261 MADISON AVE, 26TH FL

Address

NEW YORK, NY 10016

(212) 949-7300 EXT. 208

Telephone No.

FAMILY TREE

Cross Out Class
That is Not
Applicable

Children
or

~~XXXXXXXXXXXXXXXXXXXX~~

Grandchildren
or

~~XXXXXXXXXXXXXXXXXXXX~~

Great Grandchildren
or

~~XXXXXXXXXXXXXXXXXXXX~~

Vicki Rose Claireaux Simon

Deirdre Dore

Forest Humphreys

Chloe Humphreys

Aubrey Humphreys
Isia Humphreys
Grady Humphreys
Julian LaPenotiere
Sidney LaPenotiere

Decedent

John Milton Simon

John C. Simon

John Z. Simon
Samantha Simon

Sophia Simon

Name of Spouse

xx Deceased June 27, 2013

Date

Claude Simon

Divorced

Date

Charles Simon
Henry Simon

Never Married

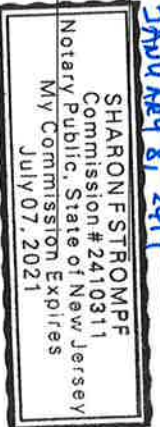
STATE OF NEW YORK
COUNTY OF ~~BERGEN~~ **BERGEN**
TERREY
SAM A. BEUNE

being duly sworn, states that the charts contained on this paper are correct.

Sworn to me on

Tue. JANUARY 8, 2019

NOTARY PUBLIC



NOTE: Complete reverse side of family tree form also

Grandparents

Aunts and Uncles

First Cousins

#

**First Cousins Once Removed

#

Sarah Claireaux

(1) Rose Claireaux

(1) Irene Williamson
(2) Margaret Williamson

Minnie Claireaux

()

()

Henrietta Claireaux

()

()

Rose Claireaux

()

()

Albert Claireaux

()

()

Albert Claireaux

Francis Claireaux

()

()

Paternal Grandfather

Francis Claireaux

()

()

Francis Williams

Charles Claireaux

()

()

Paternal Grandmother

Father of Decedent

Ivy Green

(2) Eileen Reeves

(3) John Edkins

Emma Green

(3) Pamela Gant

(4) Brian Edkins

Henry Green

(4) Harry Reeves

(5) Pat Pipe

Louisa Green

(5) Marge Reeves

(6) Valaida Howel

Elsie Green

(6) Ricky Green

()

George Green

(7) Carol Green

()

Albert Green

(8) Irene Ferguson

()

Henry Green

Harold Green

(9) Beatrice Ferguson

()

Maternal Grandfather

~~Marjorie Green~~

(10) Doreen Ferguson

()

Minnie Kent

Florrie Green

11 George Ferguson

()

Maternal Grandmother

Mother of Decedent

12 Jeanette Ferguson

()

13 John Ferguson

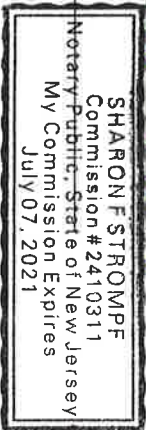
STATE OF NEW YORK
COUNTY OF BERGEN
TERSEY
SAM A. BRUND

being duly sworn, states that the charts contained on this paper are correct.

Sworn to before me on

THE 14th DAY of JANUARY, 2019

NOTARY PUBLIC



**List First Cousins Once Removed by # that corresponds with deceased first cousin.

ADMINISTRATION CITATION

File No. _____

SURROGATE'S COURT - NASSAU COUNTY

CITATION

THE PEOPLE OF THE STATE OF NEW YORK,

By the Grace of God Free and Independent,

TO DEIRDRE DORE

A petition having been duly filed by CLAUDE SIMON, who is domiciled at

71 TONJES ROAD, CALLICOON, NY 12723

YOU ARE HERE BY CITED TO SHOW CAUSE before the Surrogate's Court, NASSAU

County, at _____, New York, on _____, 20____ at _____ o'clock in
the _____ noon of that day, why a decree should not be made in the estate of _____

VICKI R.C. SIMON a/k/a VICKI CLAIRAEUX SIMON

lately domiciled at 6 EDWARDS LANE, GLEN COVE, NY 11542

in the County of NASSAU, New York, granting Letters of Administration upon the estate of
the decedent to CLAUDE SIMON or to such other person as may be entitled there to.

(State any further relief requested)

HON.

Dated, Attested and Sealed, _____, 20____

Surrogate

(Seal)

Chief Clerk

Name of



Attorney for Petitioner MEL B. GINSBURG

Tel.No. 212-949-2300

Address of Attorney 261 MADISON AVE, 26TH FLOOR, NEW YORK, NY 10016

Note: This citation is served upon you as required by law. You are not required to appear. If you fail to appear it will be assumed you do not object to the relief requested. You have a right to have an attorney-at-law appear for you.