

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

ADMINISTRATION PROCEEDING,  
Estate of \_\_\_\_\_

X  
AFFIDAVIT OF ASSETS AND LIABILITIES  
TO FIX, REDUCE OR DISPENSE WITH BOND

a/k/a \_\_\_\_\_

File No. \_\_\_\_\_

Deceased \_\_\_\_\_

X

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I \_\_\_\_\_ being duly sworn depose and say that my domicile  
is \_\_\_\_\_

I hereby swear under penalties of perjury to the following facts: I have personal knowledge as to the assets, debts and liabilities of the estate of the decedent.

All assets of the decedent including real or personal property held jointly or in trust for another consist of:

6 Edwards Lane, Glen Cove, NY 11542 \$650,000

Capital One Bank Account: \$45,000

Duke Power Shares account: 561792 value: \$50,000

Endbridge \$22,000 account: C0000474401

Morgan Stanley Investment Account 052080207222 Value: \$640,000

Household Possessions \$8,000

Citibank Account: 4979710833 \$100

At the time of death was the decedent engaged in any business?  YES  NO

The decedent or his/her estate will be liable for the following debts:

(State amounts due  
or answer None)

Current and/or back rents or charges due on any lease or apartment

None

Amount of outstanding mortgages

None

Amount of any judgements held against the decedent or their estate

None

Amount of any outstanding notes

None

Liability on any bond on which the decedent was a party

None

Federal income taxes due

None

New York State and/or City income tax due

None

Real estate taxes due

None

Federal estate taxes due (if exempt, state so)	None
New York State estate tax due (if exempt, state so)	None
Amount of outstanding hospital expenses	None
Outstanding medical and doctor bills due	None
Monies due to Nursing homes or other medical services	None
Amount of funeral expenses (attach copy of paid bill)	None
Amount of funeral expenses still outstanding	None
List and show the amount of any miscellaneous expenses payable by the estate (credit card balance, Utility bills, insurance premium etc)	None

miscellaneous expense	value
Total:	

EXCEPT AS OTHERWISE STATED ABOVE, THE DECEDENT OR HIS/HER ESTATE ARE NOT LIABLE FOR ANY OUTSTANDING DEBTS OR CLAIMS. ALL CREDITORS OF THE ESTATE HAVE BEEN PAID IN FULL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

sworn to me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public