

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

ADMINISTRATION PROCEEDING,
Estate of

a/k/a

Deceased

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

File No. _____

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:

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 _____

Amount of outstanding mortgages _____

Amount of any judgements held against the decedent or their estate _____

Amount of any outstanding notes _____

Liability on any bond on which the decedent was a party _____

Federal income taxes due _____

New York State and/or City income tax due _____

Real estate taxes due _____

Federal estate taxes due (if exempt, state so) _____

New York State estate tax due (if exempt, state so) _____

Amount of outstanding hospital expenses _____

Outstanding medical and doctor bills due _____

Monies due to Nursing homes or other medical services

Amount of funeral expenses (attach copy of paid bill)

Amount of funeral expenses still outstanding

List and show the amount of any miscellaneous expenses

List and show the amount of any miscellaneous expenses payable by the estate (credit card balance, Utility bills, insurance premium etc) _____

EXCEPT AS OTHERWISE STATED ABOVE, THE DECEDED 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