

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

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ADMINISTRATION PROCEEDING,
Estate of

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

a/k/a

Deceased

File No. _____

-----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:

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 payable by the estate (credit card balance, Utility bills, insurance premium etc)

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.

sworn to me this
day of , 20

Signature

Print name

Notary Public