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- Instructions**
- 1) Any person may use this form to petition the court for probate of a will of a decedent and the appointment of an executor when the original will was previously admitted in another state. Each proposed fiduciary must sign the acceptance of trust. Attach an authenticated and exemplified copy of the will and the documents evidencing the admission of the will in the other state. If the will was not admitted in another state, or the decedent had no will, use Petition/Administration or Probate of Will, PC-200.
  - 2) File this petition in a probate district meeting the requirements of C.G.S. section 45a-287.
  - 3) Attach a certified copy of the decedent's death certificate (redact social security number) and a State of Connecticut Domicile Affidavit, C-3 UGE (DRS form). Also attach Confidential Information Sheet, PC-201C, with the decedent's social security number. If the proposed fiduciary is not a Connecticut resident, also attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
  - 4) Attach a complete statement of the property of the decedent located in Connecticut.
  - 5) The petitioner must send a copy of this petition to each heir of the decedent and beneficiary under the will, along with a copy of the will and codicil, and certify to the court that a copy has been sent.
  - 6) For more information, see C.G.S. sections 45a-287 and 45a-288
  - 7) Type or print the form in ink. **File in duplicate.** Use an additional sheet, or PC-180, if more space is needed.

**Probate Court Name**

**District Number**

**Estate of** (Include all names /initials under which any asset was held.) Referred to hereafter as the decedent. **Date of Death**

**Decedent's Residence at Time of Death** (Include full address.)

**Petitioner** (Name and address.)

**Surviving Spouse** (Name and address. If there is no surviving spouse, so state.)

**Jurisdiction Based On:**

- The decedent last resided in this district.
- The decedent has real or tangible personal property located in this district.
- The decedent has maintained bank accounts or evidence of other intangible property in this district.
- An executor or trustee named in the will resides in this district or, in the case of a bank or trust company, has an office in this district.
- A cause of action in favor of the decedent arose in this district, or a debtor of the decedent resides or has an office in this district.

**Heirs, Beneficiaries and Trustees, if any.** Indicate any person who is under the age of 18 and include date of birth, any person in the military service or any person under conservatorship or legal disability. C.G.S. sections 45a-436, 45a-438 and 45a-439. Include the name, address and position of trust of the legal representative of any party who has been adjudicated incapable.

1. Heirs (Names and addresses.)

Spouse

Children

Children of a deceased child

If NO children or grandchildren, list surviving parents

If NO spouse, children, grandchildren or parents, list brother(s) and sister(s) or children of any deceased brother or sister (Identify relationship to decedent.)

If NONE of the above apply, please refer to C.G.S. section 45a-439(a)(3) and provide a family tree.

2. Beneficiaries under the will, including nominated testamentary trustees and inter vivos trustees. (List name and address and include paragraph in will where interest in the estate arises. It is not necessary to include the address if it is already listed above.)
  
  
  
  
  
  
  
  
  
  
3. Beneficiaries of testamentary trust(s) established under the will. (List name and address of each current beneficiary and presumptive remainder beneficiary and include paragraph in will where the interest in the trust arises. It is not necessary to list the address if it is already listed above. Probate Court Rules of Procedure sections 1.1(9) and 1.1(27).)

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The petitioner states that the following efforts have been made to identify or locate any person whose name and/or address is unknown.

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**The petitioner represents that:**

No other petition for ancillary probate has been filed in the State of Connecticut.

Decedent, or spouse or children of the decedent  did  did not ever receive aid or care from the State of Connecticut. (If affirmative, check appropriate  State of Connecticut  Department of Veterans' box(es).) Affairs. C.G.S. section 45a-355. (Rocky Hill facility.)

The petitioner herewith presents to the court the duly authenticated and exemplified copy of the Last Will and Testament and codicils, if any, of the decedent dated \_\_\_\_\_ \* and the record of the proceedings proving and establishing the same by a court of competent jurisdiction and represents that the time for taking an appeal therefrom  has  has not expired, and no appeals are presently pending. **Attached hereto is a complete statement of the property and estate of the decedent in Connecticut.**

**WHEREFORE the petitioner requests** that the copies be filed and recorded and that letters ancillary testamentary be issued to the fiduciary named below.

**The representations contained in this petition are made under penalty of false statement.**

Signature of Petitioner

Type or Print Name

Date

**PROPOSED FIDUCIARY**

**If appointed, I will accept the position of trust:**

Signature of Proposed Fiduciary

Date:

Type or Print Name

Address

Phone Number

Fiduciary  is  is not a resident of the State of Connecticut.

Signature of Proposed Fiduciary

Date:

Type or Print Name

Address

Phone Number

Fiduciary  is  is not a resident of the State of Connecticut.

Attorney for Proposed Fiduciary (Name, address, telephone number, Conn. Bar Juris No.)

Signature of attorney for proposed fiduciary \_\_\_\_\_

Each of the undersigned represents that he or she has examined the petition and related documents and HEREBY WAIVES NOTICE OF HEARING upon the petition and has NO OBJECTION to the granting and approval thereof. (If space is insufficient, use General Waiver, PC-181. Please also type or print name.)

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

**CERTIFICATE – EXISTENCE OF INTER VIVOS TRUST**  
(Complete this section for trusts that are beneficiaries under the will.)

This is to certify that the trust document for the \_\_\_\_\_ (Name of Trust) dated \_\_\_\_\_ between \_\_\_\_\_ (Name(s)) as grantor(s) and \_\_\_\_\_ (Name(s)), as trustee(s), is in my/our possession, has been duly executed, and the trust is in full force and effect.

**The representations contained in this certificate are made under penalty of false statement.**

Signature of Current Trustee

Type or Print Name

Date

Signature of Current Trustee

Type or Print Name

Date

**CERTIFICATION**

\* I certify that a copy of the will and codicil(s), if any, and this petition were sent to the following persons as provided in the Probate Court Rules of Procedure, sections 30.6(a) and 30.7:

Name and Address

Signature of Petitioner or Attorney

Date:

Type or Print Name

RECEIVED:



**Probate Court Name**

**District Number**

**In the Matter of**

**, deceased**

The social security number of the decedent named above is required in connection with this proceeding.

Social Security Number \_\_\_\_\_