

Commonwealth of Massachusetts

The Trial Court

Hampshire Division

Probate and Family Court Department

Docket No. _____

Administration De Bonis Non - With - Without - Sureties

Name of Decedent _____

Domicile at Death _____
(street and no.) (city or town)

_____ Date of Death _____
(county) (zip)

Name and address of petitioner _____
_____ Status _____

That _____ was appointed by this Court,
administrator/administratrix of the estate of said decedent and has died -resigned -was removed-without
having fully administered said estate, that there are goods and estate of the said decedent to the amount of
twenty dollars remaining to be administered: _____

The petitioner(s) hereby certif _____ that a copy of this document, along with a copy of -the decedent's
death certificate has been sent by certified mail to the **Division of Medical Assistance, P.O. Box 15205,
Worcester, Massachusetts 01615-9906.**

Your petitioner prays that he/she or some other suitable person _____
of _____
(street and no.) (city or town) (county) (zip)

be appointed administrator/administratrix of the estate, not already administered, of said estate- with -without
-sureties on his/her bond and certifies under the penalties of perjury that the foregoing statements herein con-
tained are true to the best of his/her knowledge and belief.

Date _____ Signature _____

The undersigned hereby assent to the foregoing petition.

DECREE

All persons interested having been notified in accordance with the law or having assented and no objections
being made thereto, it is decreed that _____

of _____ be appointed

administrator/administratrix of said estate, not already administered, first giving bond with _____ sureties,
for the due performance of said trust.

Date _____ _____

For Petitioner:

Tel. No. () _____

B.B.O. # _____

For Respondent:

Tel. No. () _____

B.B.O. # _____

Publication in the _____

Docket No. _____

Administration De Bonis Non

With The Will Annexed

With/Without Sureties

Petition – Decree

Filed _____,20 ____

Citation Issued _____,20 ____

Returnable _____,20 ____

Allowed _____,20 ____

Recorded Vol. _____ Page _____

Instructions

Refer to Massachusetts General Laws Chapter 193, Section 9.