

Commonwealth of Massachusetts

The Trial Court

Hampshire Division

Probate and Family Court Department

Docket No. \_\_\_\_\_

Administration De Bonis Non
With The Will Annexed - With - Without - Sureties

Name of Decedent \_\_\_\_\_

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

Date of Death \_\_\_\_\_
(County) (zip)

Will allowed \_\_\_\_\_
(date)

Name and address of executor/executrix appointed \_\_\_\_\_

Name and address of Petitioner(s) \_\_\_\_\_
Status \_\_\_\_\_

[ ] 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.

Petitioner(s) represent(s) that said executor/executrix has -died -resigned -become incapacitated - without having fully executed said will and pray(s) that he/she/they or some other suitable person \_\_\_\_\_

of \_\_\_\_\_
(street and no.) (city or town) (county) (zip)

be appointed administrator/administratrix with the will annexed of the estate not already administered -with- without - sureties on his/her/their bond and, certif \_\_\_\_\_ under the penalties of perjury that the statements herein contained are true to the best of his/her/their knowledge and belief.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ in the County of \_\_\_\_\_ be appointed

administrator/administratrix with the will annexed of said estate not already administered, first giving bond, with

\_\_\_\_\_ sureties, for the due performance of said trust.

Date \_\_\_\_\_ JUSTICE OF THE PROBATE AND FAMILY COURT

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 \_\_\_\_

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**Instructions**

Refer to Massachusetts General Laws Chapter 193, Section 9.