

Commonwealth of Massachusetts

The Trial Court

Hampshire Division

Probate and Family Court Department

Docket No. _____

Probate Of Will - Administration With The Will Annexed
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(s) _____

_____ Status _____

Heirs at law or next of kin of deceased including surviving spouse:

Table with 3 columns: Name, Residence (minors and incompetents must be so designated), Relationship. Includes multiple blank rows for entry.

That said deceased left a will - and codicil(s) - herewith presented, wherein _____ is named executor/executrix but has - declined to serve - died - become incapacitated.

[] 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.

Wherefore your petitioner(s) pray(s) that said will -and codicil(s) - may be proved and allowed, and 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, - with - without - sureties on his/her 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 and to the allowance of the will without testimony.

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 said instrument(s) be approved and allowed as the last will and testament of said deceased, and that _____ of _____ in the County of _____ be appointed administrat _____ with the will annexed of said estate 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. _____

**Probate Of Will
Administration
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 7.