

COURT OF PROBATE
[Type or print in black ink. *File in duplicate.*]
[Use Second Sheet, PC-180, for additional data.]

TO: COURT OF PROBATE, DISTRICT OF		DISTRICT NO.	DATE OF APPLICATION
ESTATE OF [Include all names and initials under which any asset was held.]		SOCIAL SECURITY NO.	DATE OF DEATH
DECEDENT'S RESIDENCE AT TIME OF DEATH [Include full address.]		<input type="checkbox"/> WRONGFUL DEATH CLAIM JURISDICTION BASED ON: <input type="checkbox"/> Domicile in District [If domicile is <input type="checkbox"/> Other [Please explain different than residence, please explain.] other jurisdictional basis.] <i>Use Second Sheet, PC-180, for explanation.</i>	
PETITIONER [Name, address, and zip code]		SURVIVING SPOUSE [Name, address, and zip code. If there is no surviving spouse, so state.]	

HEIRS, NEXT OF KIN, BENEFICIARIES, THE DECEDENT'S CONSERVATOR(S), AND TRUSTEES, if any. [Give names, addresses, zip codes, and relationships.] **If heir, indicate ancestor through whom heir takes. If beneficiary, indicate paragraph of will where interest is stated or may arise. For all minors listed, give date of birth. Indicate any person who is under conservatorship, legal disability, or in the military service. C.G.S. §§45a-436, 45a-438, 45a-439.**

THE PETITIONER REPRESENTS that:

- Decedent left a will and codicil(s) herewith presented for probate, dated _____
- Decedent, after making said will and codicil(s), had a child born, or adopted a minor child, or married, or had his or her marriage dissolved by divorce or annulment. C.G.S. §§45a-257a - 257c. [Explain any checked boxes on Second Sheet, PC-180.]
- The proposed fiduciary named below is **not** the primary executor named in said will or codicil. [Explain on Second Sheet, PC-180.]
- Decedent left no will.
- One or more of the children listed above or on Second Sheet, PC-180, are **not** also the children of the surviving spouse.
- Decedent owned an interest in real property other than in survivorship in Connecticut at the time of death.

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 box(es).] State of Connecticut Department of Veterans' Affairs. C.G.S. §45a-355.

The estimated value of (a) personal property is \$ _____ (b) gross taxable estate is \$ _____
(c) wrongful death claim is \$ _____

All the foregoing data is true and complete to the best of his or her knowledge and belief, and he or she has used all proper diligence to ascertain the names and addresses of all heirs and beneficiaries. Any additional data given on Second Sheet, PC-180, is made a part hereof.

WHEREFORE, THE PETITIONER REQUESTS that said will and codicils, if any, be approved and admitted to probate and that either letters testamentary be issued or letters of administration be granted to the below-named proposed fiduciary.

The representations contained herein are made under the penalties of false statement.

Date: _____
Petitioner: _____

PROPOSED FIDUCIARY
IF APPOINTED, I WILL ACCEPT SAID POSITION OF TRUST.

Signature
[Type or print name under signature.]

Address and zip code:
Fiduciary is is not a resident of the State of Connecticut. Fiduciary is is not a resident of the State of Connecticut.
Telephone number: _____ Telephone number: _____

ATTORNEY FOR PROPOSED FIDUCIARY [Name, address, zip code, telephone number, Conn. Bar Juris No.]

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

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