

Commonwealth of Massachusetts
The Trial Court

Middlesex 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 certifi _____ 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 peron _____

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, certifi _____ 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 ____

Recorded Vol. _____ Page _____

Instructions

Refer to Massachusetts General Laws Chapter 193, Section 9.