

VOLUNTARY ADMINISTRATION STATEMENT PURSUANT TO G. L. c. 190B, § 3-1201	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
Estate of: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> First Name Middle Name Last Name </div> Date of Death: _____	<div style="border-bottom: 1px solid black; display: flex; justify-content: flex-end; padding-right: 10px;"> Division </div> 	

The Petitioner(s) (hereafter "Petitioner"), an interested person, makes the following statements:

1. Information about the Decedent:

Name: _____

First Name
Middle Name
Last Name

Also known as: _____

Name

Domicile at death: _____

(Address)
(Apt, Unit, No. etc.)
(City/Town)
(State)
(Zip)

2. Information about the Petitioner:

Name: _____

First Name
M.I.
Last Name

(Address)
(Apt, Unit, No. etc.)
(City/Town)
(State)
(Zip)

Mailing Address, if different: _____

(Address)
(Apt, Unit, No. etc.)
(City/Town)
(State)
(Zip)

Primary Phone #: _____

The Petitioner's interest in the estate is as follows (e.g., Personal Representative named in a will, surviving spouse, heir, devisee, etc. See G. L. c. 190B, §§ 3-1201, 1-201(24)): _____

3. At least 30 days have elapsed since the death of Decedent.

4. A death certificate issued by a public officer is in the possession of the court or accompanies this statement.

5. ☐ The Petitioner is unaware of any unrevoked will relating to property in Massachusetts.

OR

☐ The original will and codicil(s) are in the possession of the court or accompanies this statement. The Petitioner is unaware of any instrument revoking the will and believes that the will filed with this court is the decedent's last will.

6. ☐ Copies of this statement and the death certificate have been sent by certified mail to the Division of Medical Assistance, Estate Recovery Unit, P.O. Box 15205, Worcester, MA 01615-0205.

7. The probate estate consists entirely of personal property and the total value of all personal property owned by the Decedent and subject to disposition by will or intestate succession at the time of the Decedent's death does not exceed \$25,000.00, exclusive of one motor vehicle.

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8. A schedule of every asset of the probate estate and the estimated value of each is as follows:

Description of Property		Estimated Value
Motor vehicle make, model, VIN:		n/a
Total:		

9. The following are the names and addresses of all persons who, with the deceased, were joint owners of property. Also listed are the names and addresses of those who would take in the case of intestacy and the names and addresses of those persons and/or charities who would take as devisees under the provisions of any will.

Name	Address	Interest
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner
		<input type="checkbox"/> Heir <input type="checkbox"/> Devisee <input type="checkbox"/> Joint Owner

10. No petition is pending or has been granted in any jurisdiction. The undersigned understands that I/we are answerable and accountable to any subsequently appointed Personal Representative of the estate or any other person having a superior right to the estate.

11. The undersigned will act as a Voluntary Personal Representative of the probate estate of the deceased and will administer the same according to law, and apply assets of the probate estate to those persons entitled as creditors, heirs, devisees under any will, and otherwise in accordance with G. L. c. 190B, § 3-1201.

Estate of:

First Name

Middle Name

Last Name

Docket No.

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

Information on Attorney for Petitioner, if any

Signature of Attorney

(Print name)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

B.B.O. # _____

Email: _____

(Do Not Write Below This Line-For Court Use Only)

CERTIFICATION

As Register of Probate having the care and custody of the records pertaining to this court, I certify that the preceding document is a true, exact, complete and unaltered copy of the Statement of Voluntary Administration filed with this court.

Date _____

Register of Probate