

**SURROGATE'S COURT OF THE STATE OF NEW YORK**  
**COUNTY OF KINGS**

— — — — — X  
 PROBATE PROCEEDING, \_\_\_\_\_

WILL OF: ABE J. RIEDER

a/k/a ABE RIEDER

Deceased

— — — — — X

To the Surrogate's Court, County of KINGS

It is respectfully alleged:

1. (a) The name, citizenship, domicile (or, in the case of a bank or trust company, its principal office) and interest in this proceeding of the petitioner are as follows:

Name: BENJAMIN RIEDER

(First)

(Middle)

(Last)

Domicile or Principal Office: 284 Ridge Street

(Street and Number)

New Jersey

07646

(City, Village or Town)

(State)

(Zip Code)

Mailing Address: \_\_\_\_\_

(If different from domicile)

Citizen of: USA

Interest (s) of Petitioner (s): [Check one]

Executor (s) named in decedent's Will

Other (Specify) \_\_\_\_\_

1. (b) The proposed Executor

is  is not an attorney.

[NOTE: A sole Executor-Attorney must comply with 22 NYCRR 207.16(e)]

1. (c) The proposed Executor  is  is not the attorney-draftsperson, a then-affiliated attorney or employee thereof.

[NOTE: An attorney-draftsperson, a then-affiliated attorney or employee thereof must comply with SCPA 2307-a]

1. (d) The proposed Executor  is  is not a convicted felon nor is he/she otherwise ineligible, pursuant to SCPA 707 to receive letters. If the proposed Executor is a convicted felon, submit a copy of the Certificate of Relief from Civil Disabilities.

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent as follows:

(a) Name: ABE J. RIEDER, a/k/a ABE RIEDER

(b) Date of death September 18, 2024

(c) Place of death South Brooklyn Health, 2601 Ocean Parkway, Brooklyn, New York

(d) Domicile: Street 2340 Cropsey Avenue

City, Town, Village Brooklyn

County Kings

State New York

(e) Citizen of: USA

3. The Last Will, herewith presented, relates to both real and personal property and consists of an instrument or instruments dated as shown below and signed at the end thereof by the decedent and the following attesting witnesses:

January 31, 2005

Carol Gertel and Irving Gertel

(Date of Will)

(Names of All Witnesses to Will)

NONE

(Date of Codicil)

(Names of All Witnesses to Codicil)

(Date of Codicil)

(Names of All Witnesses to Codicil)

Filing Fee Paid	\$ _____
Certs	\$ _____
Certs	\$ _____
\$ _____	Bond, Fee: \$ _____
Receipt No: _____	No: _____

**PETITION FOR PROBATE AND:**

- Letters Testamentary
- Letters of Trusteeship
- Letters of Administration c.t.a.
- Temporary Administration

File No. \_\_\_\_\_