

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF Bronx

PROBATE PROCEEDING, _____

WILL OF: ROBERT LIA

a/k/a _____

Deceased

To the Surrogate's Court, County of Bronx

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: MICHAEL J LIA

(First)

(Middle)

(Last)

Domicile or Principal Office: 70

(Street and Number)

(State)

(Zip Code)

(City, Village or Town)

Mailing Address: Marlboro

(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: ROBERT LIA

(b) Date of death: July 27, 2023

(c) Place of death: Montefiore Medical Center

(d) Domicile: Street 1524 Ohm Avenue

City, Town, Village Bronx

County Bronx

State NY

(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:

June 10, 2023

(Date of Will)

James Levine

(Names of All Witnesses to Will)

Christopher Di Marco

(Date of Codicil)

(Names of All Witnesses to Codicil)

(Date of Codicil)

(Names of All Witnesses to Codicil)

Filling Fee Paid

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Certs

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Certs

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\$ Bond, Fee: \$

Receipt No: _____

No: _____

PETITION FOR PROBATE AND:

☒ Letters Testamentary

☐ Letters of Trusteeship

☐ Letters of Administration c.t.a.

☐ Temporary Administration

File No. _____

None

a. *ND* ☒ Spouse (husband/wife). *ND*

b. ☒ Child or children and/or issue of predeceased child or children. *NO*

c. No ☒ Mother/Father. No

d. 3 ☐ Sisters and/or brothers, either of the whole or half blood, and issue of predeceased sisters and/or brothers (nieces/nephews, etc.)

e. ☒ Grandparents. [Include maternal and paternal]

f. ☒ Aunts and/or uncles, and children of predeceased aunts and/or uncles (first cousins).
[Include maternal and paternal]

g. ☒ First cousins once removed (children of predeceased first cousins). [Include maternal and paternal]

[If the propounded will purports to revoke or modify an inter vivos trust or any other testamentary substitute, list the names, relationships, domicile and addresses of the trustee and beneficiaries affected by the will in subparagraphs (a) and (b) below. **Submit trust agreement**]

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
Gregory LIA	39 Hill Drive Campbell Hall NY 10916	(Brother)
Theresa Fitzgerald	240 Lewis Circle #513 Punta Gorda Florida 33950	(Sister)
Michael J LIA	10 Breery Heights Marlboro NY 12542	(Brother)

[Furnish all information specified in NOTE following 7b]

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status

None

7. (a) The names and domiciliary of all substitute or successor executors and of all trustees, guardians, legatees, devisees, and other beneficiaries named in the Will and/or trustees and beneficiaries of any inter vivos trust designated in the propounded Will other than those named in Paragraph 6 herewith are as follows:

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
	<i>None</i>	

(b) All such legatees, devisees and other beneficiaries who are persons under disability are as follows:

[Furnish all information specified in NOTE below]

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
	<i>None</i>	

[NOTE: In the case of each infant, state (a) name, birth date, relationship to decedent, domicile and residence address, and the person with whom he/she resides, (b) whether or not he/she has a court-appointed guardian (if not, so state), and whether or not his/her father and/or mother is living, and (c) the name and residence address of any court-appointed guardian and the information regarding such appointment. In the case of each other person under a disability, state (a) name, relationship to decedent, and residence address, (b) facts regarding his disability including whether or not a committee, conservator, guardian, or any other fiduciary has been appointed and whether or not he/she has been committed to any institution, and (c) the names and addresses of any committee, person or institution having care and custody of him/her, conservator, guardian, and any relative or friend having an interest in his/her welfare. In the case of a person confined as a prisoner, state place of incarceration and list any person having an interest in his/her welfare. In the case of unknowns, describe such person in the same language as will be used in the process.]

8 (a) No beneficiary under the propounded will, listed in Paragraph 6 or 7 above, had a confidential relationship to the decedent, such as attorney, accountant, doctor, or clergyperson, except: **[Enter "NONE" or indicate the nature of the confidential relationship].** *None*

(b) No persons, corporations or associations are interested in this proceeding other than those mentioned above.

9 (a) To the best of the knowledge of the undersigned, the approximate total value of all property constituting the decedent's gross testamentary estate is greater than \$ *0* but less than \$ *0*
Personal Property \$ *0* Improved real property in New York State \$ _____
Unimproved real property in New York State \$ *0*
Estimated gross rents for a period of 18 months \$ *0*

(b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the estate, except as follows: **[Enter "NONE" or specify]**

Robert LIA v Joseph T Scovotti
US District Court Southern District of New York
Civil Docket 1:22-cv-10469

10. Upon information and belief, no other petition for the probate of any will of the decedent or for letters of administration of the decedent's estate has heretofore been filed in any court.

WHEREFORE your petitioner (s) pray (s) that process be issued to all necessary parties to show cause why the Will and the Codicil (s) set forth in Paragraph 3 and presented herewith should not be admitted to probate; (b) that an order be granted directing the service of process, pursuant to the provisions of Article 3 of the S.C.P.A., upon the persons named in Paragraph (6) hereof whose names or whereabouts are unknown and cannot be ascertained, or who may be persons on whom service by personal delivery cannot be made; and (c) that such Will and Codicil (s) be admitted to probate as a Will of real and personal property and that letters issue thereon as follows: [Check and complete all relief requested.]

- ☒ Letters Testamentary to Michael J. LIA
- ☐ Letters of Trusteeship to _____ f/b/o _____
_____ f/b/o _____
_____ f/b/o _____
- ☐ Letters of Administration c.t.a. to _____
and that petitioner (s) have such other relief as may be proper.

Dated: 10-26-22
1. Michael J. LIA 2. _____
(Signature of Petitioner) (Signature of Petitioner)
MICHAEL J. LIA _____
(Print Name) (Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)