			Filing Fee Paid \$
SURROGATE'S COURT OF THE STATE O	F NEW YORK		Certificates Paid \$
COUNTY OF BRONX			rustee Certs. Paid \$
BROWN			Prelim. Certs. Paid \$
DDODATE DDOOEEDING WILL OF		Ψ Receipt No.:_	Bond, Fee: \$ No.:
PROBATE PROCEEDING, WILL OF	1		
JAMES J. STRAIN		PETITION	FOR PROBATE AND:
a/k/a	1	X Lette	ers Testamentary
	(_	•
LAMES LOSEDII STRAIN	(X Lette	ers of Trusteeship
JAMES JOSEPH STRAIN		☐ Lette	ers of Administration c.t.a
			norm: Administration
	Deceased.		porary Administration
		File No	
TO THE SURROGATE'S COURT, COUNTY	OF BR	ONX	
It is respectfully alleged:			
1.(a) The name, citizenship, domicile interest in this proceeding of the petitioner at		bank or trust co	ompany, its principal office) and
Petitioner Information:			100
Name Gladys W. Strain			Citizenship United States
Domicile or Principal Office Address: Street and Number 731 Ladd Road			Office Otales
City, Village or Town	State	ZIP Code	Country
Riverdale	New York	10471	United States
Mailing Address: Street and Number (If different from domicile	9)		
City, Village or Town	State	ZIP Code	Country
Interest: (Check One)			
X Executor named in decedent's Will	Other:		
1.(b) The proposed Executor is [NOTE: A sole Executor-Attorney mu 1.(c) The proposed Executor is employee thereof. [NOTE: An attorney-draftsperson, a to SCPA 2307-a]	x is not the atte	<i>IYCRR 207.16(e</i> orney-draftspers	on, a then-affiliated attorney or
1.(d) The proposed Executor is pursuant to SCPA 707 to receive letters. If the	X is not a convi	cted felon nor is	he/she otherwise inclinible

1(a). Petitioner Information (continued)

Jay J. Strain			Citizenship United States
Domicile or Principal Office Address: Street and Number			Officed Otates
1071 Leopard Road			
City, Village or Town	State	ZIP Code	Country
Rydal Mailing Address: Street and Number (If different from domic	Pennsylvania	19046	United States
Mailing Address. Street and Number (in different from domic	sne)		
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) X Executor named in decedent's Will	Other:		
1.(b) The proposed Executor is [NOTE: A sole Executor-Attorney m			∌)]
1.(c) The proposed Executor is employee thereof.	is not the atto	orney-draftspers	son, a then-affiliated attorney or
[NOTE: An attorney-draftsperson, a SCPA 2307-a]	then-affiliated attorne	ey or employee	thereof, must comply with
1.(d) The proposed Executor ☐ is pursuant to SCPA 707 to receive letters. If the Certificate of Relief from Civil Disabilities.			
Name Jeffrey W. Strain			Citizenship United States
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number			
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street	State	ZIP Code	United States
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number	State New York	ZIP Code 13126	
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street City, Village or Town	New York		United States Country
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street City, Village or Town Oswego	New York		United States Country
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street City, Village or Town Oswego Mailing Address: Street and Number (If different from domicile) City, Village or Town	New York	13126	Country United States
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street City, Village or Town Oswego Mailing Address: Street and Number (If different from domicing)	New York	13126	Country United States
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street City, Village or Town Oswego Mailing Address: Street and Number (If different from domicil City, Village or Town Interest: (Check One)	New York State Other:	ZIP Code	Country United States Country Country United States
Jeffrey W. Strain Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street City, Village or Town Oswego Mailing Address: Street and Number (If different from domicil City, Village or Town Interest: (Check One) X Executor named in decedent's Will 1.(b) The proposed Executor is	New York ile) State Other: X is not an attor ust comply with 22 N X is not the attor	Tip Code Tip Code They. YCRR 207.16(e) Tip Code	Country United States Country United States Country on, a then-affiliated attorney or

1(a). Petitioner Information (continued)

Name James P. Strain		Citizenship United States	
Domicile or Principal Office Address: Street and Number			omina otatos
2 Avery Street, Apt. 31A			
City, Village or Town	State	ZIP Code	Country
Boston	Massachusetts	02111	United States
Mailing Address: Street and Number (If different from domicia	le)		
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) X Executor named in decedent's Will	Other:		
1.(b) The proposed Executor ☐ is [NOTE: A sole Executor-Attorney me	ust comply with 22 N	YCRR 207.16(e,	•
1.(c) The proposed Executor ☐ is employee thereof.	X is not the atto	rney-draftsperso	on, a then-affiliated attorney or
[NOTE: An attorney-draftsperson, a t SCPA 2307-a]	then-affiliated attorne	y or employee th	nereof, must comply with
1.(d) The proposed Executor ☐ is pursuant to SCPA 707 to receive letters. If the Certificate of Relief from Civil Disabilities.	is not a convidue proposed Executor	cted felon nor is r is a convicted f	he/she otherwise ineligible, elon, submit a copy of the
Name			Citizenship
Domicile or Principal Office Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number (If different from domicile	9)		
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) Executor named in decedent's Will	Other:		
1.(b) The proposed Executor is [NOTE: A sole Executor-Attorney mu			1
 1.(c) The proposed Executor ☐ is employee thereof. [NOTE: An attorney-draftsperson, a ti SCPA 2307-a] 			•

	2. The na follows: lent Inform		date and plac	ce of death, an	nd natio	nal citizens	ship of the above-	-named decedent
Name Jame s	s J. Strain,	a/k/a James J	oseph Strain				Citizenship United States	
	Address: Stre Add Road	et and Number						
	age or Town			State New York		ZIP Code	Country	
County Date of Death Place of Death						United States		
Bronx			August 1, 202		_	dent's resi		
	nent or ins						al property and co eof by the decede	
Decen Date of \	nber 8, 202 Will		Mittman and Ka All Witnesses to Will					
Date of 0	Codicil	Name of A	Il Witnesses to Coo	ficil				
Date of 0	Codicil	Name of A	Il Witnesses to Coo	licil				
Date of C	Codicil	Name of A	Il Witnesses to Coo	licil				
Date of C	Codicil	Name of A	Il Witnesses to Cod	licil				
		stamentary in ept as follows:		e decedent lat	ter in da	ate to any o	of the instruments	mentioned in
	5. The de	cedent was s	urvived by dis	tributees class	ified as	follows:		
	a. 1	Spouse (hus	band/wife).					
	b. 3 rital, adopt			sue of predece der DRL Section			dren. <i>[Must includ</i>	e marital,
	c. X	Mother/Fathe	er.					
	d. X		or brothers, eit ers (nieces/ne		ole or ha	alf blood, a	nd issue of prede	ceased sisters
	e. X	Grandparent	s. [Include ma	ternal and pat	ternal]			
	f. X [Include m	Aunts and/or aternal and pa		hildren of pred	decease	ed aunts a	nd/or uncles (first	cousins).
	g. X paternal)	First cousins	once remove	d (children of p	predece	eased first	cousins). [Include	maternal and

6. The names, relationships, domicile and addresses of all distributees (under EPTL 4-1.1 and 4-1.2) of each person designated in the Will herewith presented as primary executor, of all persons adversely affected by the purported exercise by such Will of any power of appointment, of all persons adversely affected by any codicil and of all persons having an interest under any other will of the decedent on file in the Surrogate's Court, are hereinafter set forth in subdivisions (a) and (b).

[If the propounded will purports to revoke or modify an intervivos 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.]

6. (a) All persons and parties so interested who are of full age and sound mind or which are corporations or associations, are as follows:

Name			
Gladys W. Strain			
Domicile Address: Street and Number			
731 Ladd Road			
City, Village or Town	State	ZIP Code	Country
Riverdale	New York	10471	United States
Mailing Address: Street and Number (If different	ent from domicile)	11.	
City, Village or Town	State	ZIP Code	Country
Relationship			
Wife	-4		
Description of Legacy, Devise or Other Intere	SI		
Distributee, legatee of tangible personal p See Attachment 1	roperty under Article SECOND; disc	retionary income	and principal beneficiary of Credit Shelter
Nature of Fiduciary Status (if applicable) Petitioner; nominated Executor, n	ominated Trustee		
Name			
Jay J. Strain			
Domicile Address: Street and Number			
1071 Leopard Road			
City, Village or Town	State	ZIP Code	Country
Rydal	Pennsylvania	19046	United States
Mailing Address: Street and Number (If different	nt from domicile)		
City, Village or Town	State	ZIP Code	Country
Relationship			
Son			
Description of Legacy, Devise or Other Interes			
Distributee, discretionary income ar	d principal beneficiary of the	Credit Shelter T	rust under Article THIRD; primary
beneficiary of Trust under Article Si	XTH receiving assets upon ter	mination of Cre	dit Shelter Trust and two Marital Trus
Nature of Fiduciary Status (if applicable)	ambantad Tarata		
Petitioner; nominated Executor, n	ominated Trustee		
Name Jeffrey W. Strain			
Domicile Address: Street and Number			
67 W Sthuyler Street			
City, Village or Town	State	ZIP Code	Country
Oswego	New York	13126	United States
Mailing Address: Street and Number (If differe		10120	omios outoo
City, Village or Town	State	ZIP Code	Country
Relationship Son			1
Description of Legacy, Devise or Other Interes	t		
Distributee, discretionary income an	d principal beneficiary of the (redit Shelter Ti	rust under Article THIRD; primary

Petitioner; nominated Executor, nominated Trustee

Nature of Fiduciary Status (if applicable)

beneficiary of Trust under Article SIXTH receiving assets upon termination of Credit Shelter Trust and two Marital Trusts

6. (a) Interested Persons/Parties of Full Age and Sound Mind or Corporations/Associations (continued)

N	_		
Name James P. Strain			
Domicile Address: Street and Number			
2 Avery Street, Apt. 31A			
City, Village or Town	State	ZIP Code	Country
Boston	Massachusetts	02111	United States
Mailing Address: Street and Number	,		,
City Village or Tour	C1-1-	ZID Code	
City, Village or Town	State	ZIP Code	Country
Relationship			•
Son			
Description of Legacy, Devise or Other Interest			
Distributee, discretionary income and princip beneficiary of Trust under Article SIXTH rece Nature of Fiduciary Status (if applicable)	iving assets upon term	redit Shelter Tru ination of Credi	ist under Article THIRD; primary it Shelter Trust and two Marital Trusts
Petitioner; nominated Executor, nominated	d Trustee		
Name			
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number	I)		
City, Village or Town	State	ZIP Code	Country
Relationship			
Description of Legacy, Devise or Other Interest			
besomption of Legacy, bevise of Other Interest			
Nature of Fiduciary Status (if applicable)			
Nature of Fiduciary Status (If applicable)			
Name			
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
only, vinage of fown	Olaic	Zii Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
			,
Relationship			
Description of Legacy, Devise or Other Interest			
Nature of Fiduciary Status (if applicable)			
value of Fluudiary Status (II applicable)			

6. (b) All persons so interested who are **persons under disability**, are as follows:

	Name NONE						
	micile Address: Street and Number						
City, Village or Town		State	ZIP Code	Country			
Re	tesidence Address: Street and Number						
City	y, Village or Town		State	ZIP Code	Country		
Rel	ationship						
Des	scription of Legacy, Devise or Other I	nterest					
Nat	ture of Fiduciary Status (if applicable)						
	Birthdate	Person with Whom R	Resides		Father Living? Mother Living? Yes No Yes No		
	Court-Appointed Guardian?	Describe Appointmen	nt				
Infant	☐ Yes☐ No	Guardian Name					
_	If yes, Guardian of:	Guardian Address					
	Person						
_	Property Facts Regarding Disability						
sitated	Committee	Name					
apac	Committee	Address					
t/Inc	☐ Conservator	Name					
Incompetent / Incapacitated	☐ Guardian	Address					
ncor	Committed to Institution?	Institution Name					
	│	Institution Address					
	Name of Relative/Friend with Interest in Welfare						
	Address						
	Place of Incarceration			Person with Interest in We	elfare		
Prisoner							
	Description (in same language as wi	ll be used in the proces	s)	1			
Unknown							

7. (a) The names and domiciliary addresses 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:

Zachary Palmer Strain			
Domicile Address: Street and Number			
1071 Leopard Road	l Otata	710.0-4-	10
City, Village or Town Rydal	State Pennsylvania	ZIP Code 19046	Country
Mailing Address: Street and Number (If different		19046	United States
Maining Address. Street and Number (if different	nom domene)		
City, Village or Town	State	ZIP Code	Country
only, timege of form	old.	Lii Code	Country
Description of Legacy, Devise or Other Interest			4
See Attachment 2			
Nature of Fiduciary Status (if applicable)			
None			
Name			
Jordan Strain			
Domicile Address: Street and Number			
1071 Leopard Road	1917		
City, Village or Town	State	ZIP Code	Country
Rydal	Pennsylvania	19046	United States
Mailing Address: Street and Number (If different	from domicile)		
O'the Maller of Town	lo:	1	
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 3	1		
Nature of Fiduciary Status (if applicable)			
None			
Name			
Nathan Strain			
Domicile Address: Street and Number			
519 W1420 N101 City, Village or Town	State	ZIP Code	Country
Logan	Utah	84341	Country United States
Mailing Address: Street and Number (If different		07371	Officed States
maining / taulooor on oor and realison (in amorone	nom domono,		
Dit. Villaga on Tourn			
JITV. VIIIAGE OF IOWN	State	ZIP Code	Country
∍ity, village or lown	State	ZIP Code	Country
	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable)	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number B Farrelly Place			
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 3 Farrelly Place City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 3 Farrelly Place City, Village or Town Morristown	State New Jersey		
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 9 Farrelly Place City, Village or Town Morristown	State New Jersey	ZIP Code	Country
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 3 Farrelly Place City, Village or Town Morristown Mailing Address: Street and Number (If different in the street and Numb	State New Jersey from domicile)	ZIP Code 07960	Country United States
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 9 Farrelly Place City, Village or Town Morristown Mailing Address: Street and Number (If different in the state of the st	State New Jersey	ZIP Code	Country
City, Village or Town Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 9 Farrelly Place City, Village or Town Morristown Mailing Address: Street and Number (If different interest) City, Village or Town	State New Jersey from domicile)	ZIP Code 07960	Country United States
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 9 Farrelly Place City, Village or Town Morristown Mailing Address: Street and Number (If different in City, Village or Town) Description of Legacy, Devise or Other Interest	State New Jersey from domicile)	ZIP Code 07960	Country United States
Description of Legacy, Devise or Other Interest See Attachment 4 Nature of Fiduciary Status (if applicable) None Name Nicholas Strain Domicile Address: Street and Number 9 Farrelly Place City, Village or Town Morristown Mailing Address: Street and Number (If different and City, Village or Town)	State New Jersey from domicile)	ZIP Code 07960	Country United States

7. (a) Substitute/Successor Executors and Trustees/Guardians/Legatees/Devisees/Other Beneficiaries (continued)

Name			
Lachlan Strain			
Domicile Address: Street and Number			
9 Farrelly Place			
City, Village or Town	State	ZIP Code	Country
Morristown	New Jersey	07960	United States
Mailing Address: Street and Number (If different	ent from domicile)		
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interes	st .		
See Attachment 6			
Nature of Fiduciary Status (if applicable)			
None			
Name			
Case Western Reserve University S	School of Medicine		
Domicile Address: Street and Number			
10900 Euclid Avenue			
City, Village or Town	State	ZIP Code	Country
Cleveland	Ohio	44106-7090	United States
Mailing Address: Street and Number (If different		1	- Into a Diagoo
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest	t		
See Attachment 7			
Nature of Fiduciary Status (if applicable)			
None			
Name			
Martha Witt			
Domicile Address: Street and Number			
31-53 30th Street			
City, Village or Town	State	ZIP Code	Country
Astoria	New York	11106	United States
Mailing Address: Street and Number (If different			
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest			
Contingent remainder beneficiary o		r estate and trust	assets under Article SIXTEENTH
Nature of Fiduciary Status (if applicable)		. John and that	account and an annual contraction
None			
Name			
Daria Witt			
Domicile Address: Street and Number			
745 Westminster Road, Unit A			
City, Village or Town	State	ZIP Code	Country
Brooklyn	New York	11230	United States
Mailing Address: Street and Number (If different			
City Village of Town	Ctata	ZID Codo	Country
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest		1.	
Contingent remainder beneficiary of		r estate and trust	assets under Article SIXTEENTH
Nature of Fiduciary Status (if applicable)			TOTAL PROPERTY OF THE PARTY OF
None			

Continued on next page.

7. (a) Substitute/Successor Executors and Trustees/Guardians/Legatees/Devisees/Other Beneficiaries (continued)

Name				
Eric Witt				
Domicile Address: Street and Number Susicka 852132				
City, Village or Town	State	ZIP Code	Country	
16000 Prague 6 Dejvice	State	Zir Code	Czech Republic	
Mailing Address: Street and Number (If different from	dominila)		Czech Republic	
Mailing Address. Street and Number (if different from	uomicne)			
City, Village or Town	State	ZIP Code	Country	
Description of Legacy, Devise or Other Interest				
Contingent remainder beneficiary of one-	half of the remaind	or actata and tru	et assate under Article SIVTEE	CALTEL
Nature of Fiduciary Status (if applicable)	riali oi tile remainu	er estate and thu	st assets under Article SIXTEE	:NIH
None				
Name				
Giovanni Santalucia				
Domicile Address: Street and Number				
31-53 30th Street				
City, Village or Town	State	ZIP Code	Country	
Astoria	New York	11106	United States	
Mailing Address: Street and Number (If different from		11100	Officed States	
Maining Padices. Office and Namber (if amoreic non-	иопполој			
City, Village or Town	State	ZIP Code	Country	
only, rinage or remi		Liii Godo	Country	
Description of Legacy, Devise or Other Interest				
Contingent remainder beneficiary of one-	half of the remainde	er estate and tru	st assets under Article SIXTEE	NTH
Nature of Fiduciary Status (if applicable)				
None				
Name				
Iris Santalucia				
Domicile Address: Street and Number				
31-53 30th Street				
City, Village or Town	State	ZIP Code	Country	
Astoria	New York	11106	United States	
Mailing Address: Street and Number (If different from a	domicile)			
City, Village or Town	State	ZIP Code	Country	
Description of Legacy, Devise or Other Interest				
Contingent remainder beneficiary of one-	half of the remainds	r actata and true	ot cocata under Article CIVTEE	NITTI
Nature of Fiduciary Status (if applicable)	nan of the remainde	estate and trus	st assets under Article SIXTEE	NIH
None				
Name				
New York Attorney General				
Domicile Address: Street and Number				
28 Liberty Street				
City, Village or Town	State	ZIP Code	Country	
New York	New York	10005	United States	
Mailing Address: Street and Number (If different from a		10003	Officed States	
maining Address. Substitute Individual in amorone nome	ionnono			
City, Village or Town	State	ZIP Code	Country	
only, vinage of room			Country	
Description of Legacy, Devise or Other Interest	1	, I	,1	
Statutory				
Nature of Fiduciary Status (if applicable)				
None				

7. (b) All such legatees, devisees and other beneficiaries who are persons under disability are as follows: Name Aiden J. Strain Domicile Address: Street and Number 2 Avery Street 31A City, Village or Town ZIP Code Country **Boston** Massachusetts 021111 **United States** Residence Address: Street and Number City, Village or Town State ZIP Code Country Description of Legacy, Devise or Other Interest See Attachment 8 Nature of Fiduciary Status (if applicable) None Birthdate Person with Whom Resides Father Living? Mother Living? James P. Strain and Amy S. Colwell X Yes No 06/24/13 X Yes No Court-Appointed Guardian? Describe Appointment Yes Guardian Name X No If yes, Guardian of: Guardian Address Person **Property** Facts Regarding Disability Incompetent/Incapacitated Name Committee Address Conservator Name Guardian Address Committed to Institution? Institution Name Yes Institution Address No Name of Relative/Friend with Interest in Welfare Address Place of Incarceration Person with Interest in Welfare Prisoner Description (in same language as will be used in the process) Unknown

Continued on next page.

7. (b) Legatees/Devisees/Other Beneficiaries under Disability (continued)

Nar						
	ck McCurry micile Address: Street and Number					
	5 Westminster Road, Unit	٨				
	, Village or Town	^	State	ZIP Code	Country	
	ooklyn		New York	11230	United States	
	sidence Address: Street and Numb	er	111111111111111111111111111111111111111	1.1200	Jimod Statos	
City	, Village or Town		State	ZIP Code	Country	
Des	Description of Legacy, Devise or Other Interest					
Co	ntingent remainder benefi	ciary of one-half	of the remind	ler estate and trus	t assets under Article SIXTEENTH	
	ure of Fiduciary Status (if applicat	ble)				
No	one	ID	B 11		T=	
	Birthdate 01/19/07	Person with Whom			Father Living? Mother Living?	
	Court-Appointed Guardian?	Daria Witt and Describe Appointment		У	X Yes No Yes No	
		Describe Appointing	CIIL			
Ħ	☐ Yes	Guardian Name				
Infant	X No	o dai didiri i dai i d				
_	If yes, Guardian of:	Guardian Address				
	Person					
	Property					
	Facts Regarding Disability					
ø		Name				
tate						
ac.	☐ Committee	Address				
ë						
<u>ı</u>	☐ Conservator	Name				
ğ	Guardian					
ete	Guardian	Address				
Incompetent/Incapacitated	Committed to Institution?	Institution Name				
nco		Institution Name				
-	│	Institution Address				
	□ No	montation readiood				
	Name of Relative/Friend with Interes	est in Welfare				
	Address					
_	Place of Incarceration			Person with Interest in	Malfara	
ē	Place of incarceration			Person with interest ii	n weitare	
Prisoner						
됩						
	Description (in same language as	will be used in the pro	ocess)	I.		
			-			
Ę						
Unknown						
본						
2						

Continued on next page.

7. (b) Legatees/Devisees/Other Beneficiaries under Disability (continued)

Name						
	atthew McCurry					
	micile Address: Street and Number					
74	5 Westminsteer Road, Unit	A				
City	, Village or Town		State	ZIP Code	Country	
	ooklyn		New York	11230	United States	
Res	sidence Address: Street and Number	ər				
City	City, Village or Town State ZIP Code Country					
	Description of Legacy, Devise or Other Interest					
Co	ontingent remainder benefic	ciary of one-half	of the remind	er estate and trus	t assets under Article SIXTEENTH	
	ure of Fiduciary Status (if applicab	ile)				
NO	one Birthdate	Person with Whom	Docidos		Father Living Date to the Control of	
	11/12/08	Daria Witt and		.,	Father Living? Mother Living? XYes No XYes No	
	Court-Appointed Guardian?	Describe Appointme		у	X Yes No X Yes No	
	_	Воссиво / фронкли	J. 1.			
Ħ	☐ Yes	Guardian Name				
Infant	X No					
_	If yes, Guardian of:	Guardian Address				
	Person					
_	☐ Property					
	Facts Regarding Disability					
þa		Name				
Incompetent/Incapacitated	☐ Committee	Address				
cape	☐ Conservator	Name				
ntlln		Name				
npete	☐ Guardian	Address				
ncon	Committed to Institution?	Institution Name				
	│	Institution Address				
	Name of Relative/Friend with Intere	est in Welfare				
	Address					
_	Place of Incarceration			Person with Interest i	- Walfara	
Je	Place of incarceration			Person with Interest I	n weitare	
Prisoner						
	Description (in same language as v	will be used in the no	ncess)			
		20 acca in allo più				
Unknown						
5						
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اد						

8. (a) No beneficiary under the propounded will, listed in Paragraph 6 or 7 above, had	
relationship to the decedent, such as attorney, accountant, doctor, or clergyperson, except:	X 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	\$ 100,000.00
But less than	\$ 250,000.00
Personal Property	\$ 100,000.00
Improved Real Property in New York State	\$
Unimproved Real Property in New York State	\$ 0.00
Estimated Gross Rents for a Period of 18 Months	\$ 0.00

(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: \Box None

Jim and Gladys Strain re Hudson Ridge Homeowners Association re water damage from overflow of Hudson Ridge's water.

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) (a) 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 SCPA, 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:

X	Letters Testamentary to: Gladys W. Strain, Jay	J. Str	ain, Jeffrey W. Strain, and James P. Strain
IX1	Letters of Trusteeship to:		
123	Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain and James P. Strain		Credit Shelter Trust under Article THIRD f/b/o Gladys W. Strain and issue of James J. Strain
	Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain and James P. Strain	f/b/o	GST Marital Trust under Article FOURTH f/b/o Gladys W. Strain
	Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain and James P. Strain		Marital Trust under Article FIFTH f/b/o Gladys W. Strain
		f/b/o	
	Letters of Administration c.t.a. to:		
and that pe	titioner(s) have such other relief as may be prop	er.	
	Further relief sought (if any):		
Dated:	Adys W 5 Trush		
lu	m/ 101 570 15		
Signature of	of Petitioner	Signat	are of Petitioner
Gladys Print Name	W. Strain	Jay J Print Na	Strain
		Name o	of Corporate Petitioner
	D.		
Signature of	Petitioner	Signatu	re
Jeffrey V			
Print Name		Print Na	me
		Title	

WHEREFORE your petitioner(s) pray(s) (a) 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 SCPA, 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:

X	Letters Testamentary to: Gladys W. Strain, Ja	y J. Str	ain, Jeffrey W. Strain, and James P. Strain
X	Letters of Trusteeship to: Gladys W. Strain, Jay J. Strain, Jeffrey W. Stra	in	Credit Shelter Trust under Article THIRD f/b/o
	and James P. Strain Gladys W. Strain, Jay J. Strain, Jeffrey W. Stra and James P. Strain	in	Gladys W. Strain and issue of James J. Strain GST Marital Trust under Article FOURTH f/b/o Gladys W. Strain
	Gladys W. Strain, Jay J. Strain, Jeffrey W. Stra and James P. Strain	in	Marital Trust under Article FIFTH f/b/o Gladys W. Strain
		f/b/o	
	Letters of Administration c.t.a. to:		
d that pe	etitioner(s) have such other relief as may be pro	per.	
	Further relief sought (if any):		
ated.		1	
			AA
Signature of	of Petitioner	Signat	up of Petitioner
	W. Strain		. Strain
Print Name		Print N	ame
		Name	of Corporate Petitioner
		Name	or corporate i entioner
Signature of	f Patitioner	Signati	liro.
•	W. Strain	Signatu	n o
Print Name		Print Na	ame
		Title	

WHEREFORE your petitioner(s) pray(s) (a) 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 SCPA, 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:

X	Letters Testamentary to: Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain, and James P. Strain		
[57]			
X	Letters of Trusteeship to: Gladys W. Strain, Jay J. Strain, Jeffrey W. Str	rain	Credit Shelter Trust under Article THIRD f/b/o
	and James P. Strain Gladys W. Strain, Jay J. Strain, Jeffrey W. Str		o Gladys W. Strain and issue of James J. Strain
	and James P. Strain	f/b/	GST Marital Trust under Article FOURTH f/b/o Gladys W. Strain
	Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain James P. Strain		Marital Trust under Article FIFTH f/b/o Gladys o W. Strain
		f/b/	o
	Lattern of Administration at a to-		
	Letters of Administration c.t.a. to;		
and that pe	etitioner(s) have such other relief as may be p	roper.	
	Further relief sought (if any):		
فيا	Futuler relier sought (if any).		
Dated:		1	7 s
Datou.			\ \ \ \
			Atten
_	of Petitioner		ature of Petitioner
Gladys Print Name	W. Strain		J. Strain Name
LINIT MANTE		IT DES IN	Lacilla
		Nam	e of Corporate Petitioner
111	1		
W	A	Ву	
Signature	Petitioner	Sign	ature
41.	V. Strain	2	
Print Name		Print	Name
		Title	

Additional Petitioner Signature Lines

In CR	
Signature of Petitioner	Signature of Petitioner
Jámes P. Strain	
Print Name	Print Name
Signature of Petitioner	Signature of Petitioner
Print Name	Print Name
Signature of Petitioner	Signature of Petitioner
Print Name	Print Name
Signature of Petitioner	Signature of Petitioner
Print Name	Print Name
Name of Corporate Petitioner	Name of Corporate Petitioner
Ву	B <u>y</u>
Signature	Signature
Print Name	Print Name
Title	Title
Name of Corporate Petitioner	Name of Corporate Petitioner
BySignature	By Signature
Print Name	
	Print Name
Title	Title

For use when petitioner is an individual

STATE OF NEW YORK COUNTY OF THE BROWN		
The undersigned, the petitioner named in the	foregoing petition, being duly sworn, says:	
1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.		
2. OATH OF X EXECUTOR ADMINIST over eighteen (18) years of age, and I will well, faithful goods, chattels and credits of said decedent according receive letters and will duly account for all moneys are	ally and honestly discharge the duties of Fiduciary of the gray to law. I am not ineligible, pursuant to SCPA 707, to	
3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.		
My domicile is: 731 Ladd Road, Riverdale, New York 1	0471	
	Signature of Potisioner	
	Gladys W. Strain	
Gladys	before me, the undersigned, personally appeared, s W. Strain	
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.		
Sworn to before me this 19 day of October Jef 3		
Notary Public Commission Land BOBUKHOVA MOTARY PUBLIC STATE OF NEW YORK (Affix Notary Stamp on Seal) Qualified in Queens County		
Commission Expires 02/06/2025	James R. Ledley, Esq.	
Signatuze of Attorney	Print Name of Attorney	
Kleinberg, Kaplan, Wolff & Cohen, P.C.	(212) 986-6000 Telephone	
500 Fifth Avenue, New York, New York 10110	jledley@kkwc.com	
Address	Email (optional)	
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For use when petitioner is an individual

COUNTY OF THE POLICE SS.:			
The undersigned, the petitioner named in the	foregoing petition, being	duly sworn, says:	
1. VERIFICATION: I have read the foregoing and the same is true of my own knowledge, except a information and belief, and as to those matters I belief.	is to the matters therein:	e and know the contents thereof, stated to be alleged upon	
2. OATH OF X EXECUTOR ADMINIST over eighteen (18) years of age, and I will well, faithful goods, chattels and credits of said decedent according receive letters and will duly account for all moneys and	ully and honestly dischar ng to law. I am not ineligi	ge the duties of Fiduciary of the ble, pursuant to SCPA 707, to	
3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.			
My domicile is: 1071 Leopard Road, Rydal , Pennsylvania 19046			
	Signature of Petitioner Jay J. Strain		
. \	Print Name		
On the the day of October in the year	ar <u>aoa></u> before me, the u	ndersigned, personally appeared,	
Jay	J. Strain		
personally known to me or proved to me on the basis name(s) is (are) subscribed to the within instrument a same in his/her/their capacity(ies), and that by his/her the person upon behalf of which the individual(s) acter	and acknowledged to me r/their signature(s) on the	that he/she/they executed the instrument, the individual(s), or	
Sworn to before me this day of	023		
Notary Public	Commonwealth of Pennsylvania	Notary Seal	
Commission Expires:	Marybeth Myers, Notary r	doite	
(Affix Notary Stamp or Seal)	Philadelphia County My commission expires Janua	iry 6, 2026	
(and rotally starrip of sour)	Commission number 124	:0700	
	Member, Pennsylvania Associatio		
Signature of Attorney	James R. Ledley, E Print Name of Attorney	.sq	
Kleinberg, Kaplan, Wolff & Cohen, P.C	The state of the s	(212) 096 6000	
Firm Name		(212) 986-6000 Telephone	
500 Fifth Avenue, New York, New York 10110		jledley@kkwc.com	
Address		Email (optional)	

For use when petitioner is an individual

STATE OF MASSACHUSETTS COUNTY OF SUFFICE	> SS.:		
The undersigned, the petitioner r	named in the foregoing petition, being duly sworn, says:		
VERIFICATION: I have read the and the same is true of my own knowled information and belief, and as to those materials.	ne foregoing petition subscribed by me and know the contents thereof, ge, except as to the matters therein stated to be alleged upon natters I believe it to be true.		
over eighteen (18) years of age, and I wi goods, chattels and credits of said deced	ADMINISTRATOR c.t.a. X TRUSTEE as indicated above: I am II well, faithfully and honestly discharge the duties of Fiduciary of the dent according to law. I am not ineligible, pursuant to SCPA 707, to all moneys and other property that will come into my hands.		
3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.			
My domicile is: 2 Avery Street, Apt. 31A, I	Boston, Massachusetts 02111		
	\ - 1 18		
	Signature of Petitioner		
	James P. Strain		
	Print Name		
	_ in the year <u>லர</u> before me, the undersigned, personally appeared, James P. Strain		
personally known to me or proved to me	on the basis of satisfactory evidence to be the individual(s) whose		
name(s) is (are) subscribed to the within is	instrument and acknowledged to me that he/she/they executed the at by his/her/their signature(s) on the instrument, the individual(s), or		
the person upon behalf of which the indiv	idual(s) acted, executed the instrument.		
Sworn to before me this	My Commission Expires June 1, 2029		
	Motes, Public, Commonwealth of Mesoschusetts		
	MANNERS A ARUAL .		
Notary Public Land Brenner			
Commission Expires: 6 - 1 - 2074			
(Affix Notary Stamp or Seal)			
	James R. Ledley, Esq.		
Signature of Attorney	Print Name of Attorney		
Kleinberg, Kaplan, Wolff & Cohen, P.C.	(212) 986-6000		
Firm Name	Telephone		
500 Fifth Avenue, New York, New York 101	1		
Address	Email (optional)		

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For use when petitioner is an individual

STATE OF NEW YORK	s.;		
COUNTY OF CAYUGA			
The undersigned, the petitioner nan	ned in the foregoing petition, being duly sworn, says:		
1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.			
over eighteen (18) years of age, and I will wagoods, chattels and credits of said deceden	ADMINISTRATOR c.t.a. XTRUSTEE as indicated above: I am well, faithfully and honestly discharge the duties of Fiduciary of the at according to law. I am not ineligible, pursuant to SCPA 707, to moneys and other property that will come into my hands.		
3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.			
My domicile is: 67 W Sthuyler Street, Osweg	go, New York 13126		
Signature of Petitioner Jeffrey W. Strain			
	Print Name		
On the 15 day of North in the year 1023 before me, the undersigned, personally appeared,			
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.			
Sworn to before me this	•		
Rebeccis of	Notary Public - State of New York No. 01BA6439729 Qualified in Cayuga County		
Notary Public	My Commission Expires 08/29/2026		
Commission Expires:			
(Affix Notary Stamp or Seal)			
	James R. Ledley, Esq.		
Signature of Attorney	Print Name of Attorney		
Kleinberg, Kaplan, Wolff & Cohen, P.C.	(212) 986-6000		
Firm Name	Telephone		
500 Fifth Avenue, New York, New York 10110	jledley@kkwc.com Email (optional)		
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