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

PROBATE PROCEEDING, \_\_\_\_\_

WILL OF: JONAH MAYERHOFF

a/k/a \_\_\_\_\_

Deceased

**PETITION FOR PROBATE AND:**

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

File No. 2023-4144

To the Surrogate's Court, County of NASSAU

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: ELLIOT MAYERHOFF

(First)

(Middle)

(Last)

Domicile or Principal Office: 176 MEADOWBROOK ROAD

(Street and Number)

ENGLEWOOD

NEW JERSEY

07631

(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: JONAH MAYERHOFF

(b) Date of death: 10/05/2023

(c) Place of death: NURSING HOME - FIVE TOWNS PREMIER REHABILITATION & NURSING CENTER

(d) Domicile: Street 601 CHESTNUT STREET, APT. A12

City, Town, Village CEDARHURST VILLAGE 11516

County NASSAU

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:

11/29/2007

(Date of Will)

ANGELA SIEGAL & YALE REICHEL

(Names of All Witnesses to Will)

(Date of Codicil)

(Names of All Witnesses to Codicil)

(Date of Codicil)

(Names of All Witnesses to Codicil)

4. No other will or codicil of the decedent is on file in this Surrogate's Court, and upon information and belief, after a diligent search and inquiry, including a search of any safe deposit box, there exists no will, codicil or other testamentary instrument of the decedent later in date to any of the instruments mentioned in Paragraph 3 except as follows: **[Enter "NONE" or specify]**  
NONE

5. The decedent was survived by distributees classified as follows: [Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1 and 4-1.2. State the number of survivors in each class. Insert "NO" in all prior classes. Insert "X" in all subsequent classes].

- a. No Spouse (husband/wife).
- b. 3 Child or children and/or issue of predeceased child or children.  
**[Must include marital, nonmarital, adopted, or adopted-out of child under DRL Section 117]**
- c. No Mother/Father.
- d. No Sisters and/or brothers, either of the whole or half blood, and issue of predeceased sisters and/or brothers (nieces/nephews, etc.)
- e. No Grandparents. [Include maternal and paternal]
- f. No Aunts and/or uncles, and children of predeceased aunts and/or uncles (first cousins).  
[Include maternal and paternal]
- g. No First cousins once removed (children of predeceased first cousins). [Include maternal and paternal]

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 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**]

(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 and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
ELLIOT MAYERHOFF - SON	176 Meadowbrook Road Englewood, NJ 07631	TRUSTEE EXECUTOR - 1/3 GORE TO each of the ESTATE
DAVID MAYERHOFF - SON	5 Marie Terrace West Orange, NJ 07052	*Successor Executor after Elliot 1/3 of the ESTATE - SUCCESSOR HAUSMAN
MIRIAM MAYERHOFF - DAUGHTER	360 West 55th Street, Apt. 2G New York, NY 10019	*Successor Executor after David 1/3 of the ESTATE

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

[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

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
NONE		

(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
NONE		

[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 \$ 2,000,000 but less than \$ 2,500,000

Personal Property \$ 1,000 Improved real property in New York State \$ 350,000

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]**

NONE

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 ELLIOT MAYERHOFF

☐ 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: November 28, 2023

1. *Elliot Mayerhoff* 2. \_\_\_\_\_  
(Signature of Petitioner) (Signature of Petitioner)

ELLIOT MAYERHOFF, Executor \_\_\_\_\_  
(Print Name) (Print Name)

3. \_\_\_\_\_  
(Name of Corporate Petitioner)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Print Name and Title of Officer)

COMBINED VERIFICATION, OATH AND DESIGNATION

[For use when petitioner is an individual]

STATE OF NEW Jersey YORK )  
COUNTY OF NASSAU Bergen ) ss.: \_\_\_\_\_

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 ☒ EXECUTOR ☐ ADMINISTRATOR c.t.a. ☐ TRUSTEE as indicated above: I am over eighteen (18) years of age, and I will well, faithfully and honestly discharge the duties of Fiduciary of the goods, chattels and credits of said decedent according to law. I am not ineligible, pursuant to SCPA 707, to receive letters and will duly account for 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 NASSAU 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.

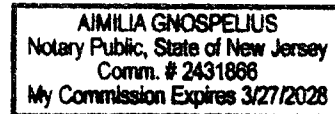
My domicile is : 176 MEADOWBROOK ROAD ENGLEWOOD NEW JERSEY 07631  
Elliot Mayerhoff (Street Address) (City/Town/Village) (State) (Zip)  
(Signature of Petitioner)  
ELLIOT MAYERHOFF

(Print Name)  
On November 28, 20 23, before me personally came  
ELLIOT MAYERHOFF

to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

Notary Public: Amilia Gnospelius  
Commission Expires: 3/27/2028

(Affix Notary Stamp or Seal)



Signature of Attorney: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address of Attorney: \_\_\_\_\_