

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

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

WILL OF: RICHARD ALBERT LOSADA

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

RICHARD A. LOSADA

Deceased

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: Robert J. Losada  
(First) (Middle) (Last)

Domicile or Principal Office: 2263 23rd Street  
(Street and Number)  
Astoria NY 11105  
(City, Village or Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from domicile)

Citizen of: U.S.A

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: RICHARD ALBERT LOSADA a/k/a/ RICHARD A. LOSADA

(b) Date of death July 11, 2023

(c) Place of death Mount Sinai South Nassau Hospital

(d) Domicile: Street 2417 Surf Drive

City, Town, Village Bellmore

County Nassau State NY

(e) Citizen of: U.S.A

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:

April 9, 2022 Pietrina J. Reda, Esq. and Mercedes Chumpiaz  
(Date of Will) (Names of All Witnesses to Will)

(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. 2023-4151

NONE

a. ☒ Spouse (husband/wife).

b. ☒ 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. ☒ Mother/Father.

d. ☒ 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
ELIZABETH LOSADA	2417 Surf Drive, Bellmore, NY 11710	Decedent's Spouse, Distributee, Beneficiary of Testamentary Trust
ROBERT J. LOSADA	2263 23rd Street, Astoria, NY 11105	Decedent's Brother, Executor

[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
ROBERT J. LOSADA	2263 23rd Street, Astoria, NY 11105	Decedent's Brother, Co_Trustee
BLANCH McNAMARA	513 Bracken Wood Place, Palm Beach Gardens, FL 33418	Decedent's sister, Co-Trustee

(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 \$ 700,000 but less than \$ 720,000

Personal Property \$ 5,000 Improved real property in New York State \$ 700,000

Unimproved real property in New York State \$ NONE

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 ROBERT J. LOSADA

☒ Letters of Trusteeship to ROBERT J. LOSADA and BLANCH MCNAMARA f/b/o ELIZABETH LOSADA

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 13<sup>th</sup>, 2023

1.   
(Signature of Petitioner)

2. \_\_\_\_\_  
(Signature of Petitioner)

ROBERT J. LOSADA

(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 YORK \_\_\_\_\_)

COUNTY OF QUEENS \_\_\_\_\_) 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: 2263 23rd Street Astoria NY 11105  
(Street Address) (City/Town/Village) (State) (Zip)

(Signature of Petitioner)

ROBERT J. LOSADA

(Print Name)

On November 17th, 2023, before me personally came

ROBERT J. LOSADA

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: Diana J. Guazhima

Commission Expires: May 8, 2027

(Affix Notary Stamp or Seal)

Signature of Attorney: \_\_\_\_\_

Print Name: Thomas A. Hynes

Firm Name: Hynes & Chu, LLP

Tel No.: (516)739-3525

Email: Tom@hyneschulaw.com

Address of Attorney: 114 Old Country Road, Suite 690, Mineola, NY 11510

DIANA J. GUAZHIMA BELESACA  
Notary Public - State of New York  
NO. 01GU0007018  
Qualified in Queens County  
My Commission Expires May 8, 2027

COMBINED VERIFICATION, OATH AND DESIGNATION

[For use when petitioner is an individual]

STATE OF ~~NEW YORK~~ FLORIDA )

COUNTY OF PALM BEACH ) 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.

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My domicile is : 513 Bracken Wood Place Palm Beach Gardens FL 33418  
(Street Address) (City/Town/Village) (State) (Zip)

Blanch McNamara

(Signature of Petitioner)

BLANCH MCNAMARA

(Print Name)

On 11/10/23, 20 23, before me personally came

BLANCH MCNAMARA

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: Cynthia A. D'aria

Commission Expires: May 4, 2024

(Affix Notary Stamp or Seal)

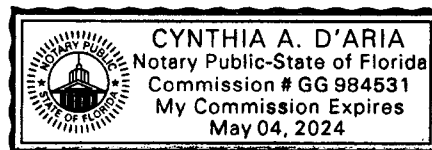
Signature of Attorney: \_\_\_\_\_

Print Name: Thomas A. Hynes

Firm Name: Hynes & Chu, LLP

Email: Tom@hyneschulaw.com

Address of Attorney: 114 Old Country Road, Suite 690, Mineola, NY 11510



county of Palm Beach