



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

PROBATE PROCEEDING, WILL OF

JAMES J. STRAIN

a/k/a

JAMES JOSEPH STRAIN

Deceased.

Filing Fee Paid \$ _____
Certificates Paid \$ _____
Trustee Certs. Paid \$ _____
Prelim. Certs. Paid \$ _____
\$ _____ Bond, Fee: \$ _____
Receipt No.: _____ No.: _____

PETITION FOR PROBATE AND:

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

File No. _____

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:

Petitioner Information:

Name Gladys W. Strain			Citizenship United States
Domicile or Principal Office Address: Street and Number 731 Ladd Road			
City, Village or Town Riverdale	State New York	ZIP Code 10471	Country United States
Mailing Address: Street and Number (If different from domicile)			

City, Village or Town	State	ZIP Code	Country

Interest: (Check One)

☒ Executor named in decedent's Will ☐ Other: _____

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.

Continued on next page.

1(a). Petitioner Information (continued)

Name Jay J. Strain			Citizenship United States
Domicile or Principal Office Address: Street and Number 1071 Leopard Road			
City, Village or Town Rydal	State Pennsylvania	ZIP Code 19046	Country United States
Mailing Address: Street and Number (If different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input checked="" type="checkbox"/> Executor named in decedent's Will <input type="checkbox"/> Other: _____			

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.

Name Jeffrey W. Strain			Citizenship United States
Domicile or Principal Office Address: Street and Number 67 W Sthuyler Street			
City, Village or Town Oswego	State New York	ZIP Code 13126	Country United States
Mailing Address: Street and Number (If different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input checked="" type="checkbox"/> Executor named in decedent's Will <input type="checkbox"/> Other: _____			

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.

Continued on next page.

1(a). Petitioner Information (continued)

Name James P. Strain			Citizenship United States
Domicile or Principal Office Address: Street and Number 2 Avery Street, Apt. 31A			
City, Village or Town Boston	State Massachusetts	ZIP Code 02111	Country United States
Mailing Address: Street and Number (If different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input checked="" type="checkbox"/> Executor named in decedent's Will <input type="checkbox"/> Other: _____			

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.

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)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input type="checkbox"/> Executor named in decedent's Will <input type="checkbox"/> Other: _____			

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 are as follows:

Decedent Information:

Name James J. Strain, a/k/a James Joseph Strain			Citizenship United States	
Domicile Address: Street and Number 731 Ladd Road				
City, Village or Town Riverdale		State New York	ZIP Code 10471	Country United States
County Bronx	Date of Death August 1, 2023	Place of Death Decedent's residence		

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:

December 8, 2021	Aaron Mittman and Karen Ertwisth
Date of Will	Name of All Witnesses to Will
Date of Codicil	Name of All Witnesses to Codicil
Date of Codicil	Name of All Witnesses to Codicil
Date of Codicil	Name of All Witnesses to Codicil
Date of Codicil	Name 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: ☒ None

5. The decedent was survived by distributees classified as follows:

- a. ☐ 1 Spouse (husband/wife).
- b. ☐ 3 Child or children and/or issue of predeceased child or children. *[Must include marital, nonmarital, adopted, or adopted-out 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]*

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.**]

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 Riverdale	State New York	ZIP Code 10471	Country United States
Mailing Address: Street and Number (If different from domicile)			

City, Village or Town	State	ZIP Code	Country
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Relationship
Wife

Description of Legacy, Devise or Other Interest

Distributee, legatee of tangible personal property under Article SECOND; discretionary income and principal beneficiary of Credit Shelter See Attachment 1

Nature of Fiduciary Status (if applicable)
Petitioner; nominated Executor, nominated Trustee

Name Jay J. Strain			
Domicile Address: Street and Number 1071 Leopard Road			
City, Village or Town Rydal	State Pennsylvania	ZIP Code 19046	Country United States
Mailing Address: Street and Number (If different from domicile)			

City, Village or Town	State	ZIP Code	Country
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Relationship
Son

Description of Legacy, Devise or Other Interest

Distributee, discretionary income and principal beneficiary of the Credit Shelter Trust under Article THIRD; primary beneficiary of Trust under Article SIXTH receiving assets upon termination of Credit Shelter Trust and two Marital Trusts

Nature of Fiduciary Status (if applicable)
Petitioner; nominated Executor, nominated Trustee

Name Jeffrey W. Strain			
Domicile Address: Street and Number 67 W Sthuyler Street			
City, Village or Town Oswego	State New York	ZIP Code 13126	Country United States
Mailing Address: Street and Number (If different from domicile)			

City, Village or Town	State	ZIP Code	Country
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Relationship
Son

Description of Legacy, Devise or Other Interest

Distributee, discretionary income and principal beneficiary of the Credit Shelter Trust under Article THIRD; primary beneficiary of Trust under Article SIXTH receiving assets upon termination of Credit Shelter Trust and two Marital Trusts

Nature of Fiduciary Status (if applicable)
Petitioner; nominated Executor, nominated Trustee

Continued on next page.

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

Name

James P. Strain

Domicile Address: Street and Number

2 Avery Street, Apt. 31A

City, Village or Town

Boston

State

Massachusetts

ZIP Code

02111

Country

United States

Mailing Address: Street and Number

City, Village or Town

State

ZIP Code

Country

Relationship

Son

Description of Legacy, Devise or Other Interest

Distributee, discretionary income and principal beneficiary of the Credit Shelter Trust under Article THIRD; primary beneficiary of Trust under Article SIXTH receiving assets upon termination of Credit Shelter Trust and two Marital Trusts

Nature of Fiduciary Status (if applicable)

Petitioner; nominated Executor, nominated Trustee

Name

Domicile Address: Street and Number

City, Village or Town

State

ZIP 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)

Name

Domicile Address: Street and Number

City, Village or Town

State

ZIP 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)

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

Name NONE				
Domicile Address: Street and Number				
City, Village or Town		State	ZIP Code	Country
Residence 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)				

Infant	Birthdate	Person with Whom Resides	Father Living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Court-Appointed Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Appointment		
		Guardian Name		
	If yes, Guardian of: <input type="checkbox"/> Person <input type="checkbox"/> Property	Guardian Address		

Facts Regarding Disability				
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Incompetent / Incapacitated	<input type="checkbox"/> Committee <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian	Name		
		Address		
		Name		
		Address		
	Committed to Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution Name Institution Address		

Name of Relative/Friend with Interest in Welfare	
Address	

Prisoner	Place of Incarceration	Person with Interest in Welfare

Unknown	Description (in same language as will be used in the process)

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:

Name Zachary Palmer Strain			
Domicile Address: Street and Number 1071 Leopard Road			
City, Village or Town Rydal	State Pennsylvania	ZIP Code 19046	Country United States
Mailing Address: Street and Number <i>(If different from domicile)</i>			

City, Village or Town	State	ZIP Code	Country
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Description of Legacy, Devise or Other Interest

See Attachment 2

Nature of Fiduciary Status *(if applicable)*

None

Name Jordan Strain			
Domicile Address: Street and Number 1071 Leopard Road			
City, Village or Town Rydal	State Pennsylvania	ZIP Code 19046	Country United States
Mailing Address: Street and Number <i>(If different from domicile)</i>			

City, Village or Town	State	ZIP Code	Country
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Description of Legacy, Devise or Other Interest

See Attachment 3

Nature of Fiduciary Status *(if applicable)*

None

Name Nathan Strain			
Domicile Address: Street and Number 519 W1420 N101			
City, Village or Town Logan	State Utah	ZIP Code 84341	Country United States
Mailing Address: Street and Number <i>(If different from domicile)</i>			

City, Village or Town	State	ZIP Code	Country
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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 07960	Country United States
Mailing Address: Street and Number <i>(If different from domicile)</i>			

City, Village or Town	State	ZIP Code	Country
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Description of Legacy, Devise or Other Interest

See Attachment 5

Nature of Fiduciary Status *(if applicable)*

None

Continued on next page.

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

Name

Lachlan Strain

Domicile Address: Street and Number

9 Farrelly Place

City, Village or Town

Morristown

State

New Jersey

ZIP Code

07960

Country

United States

Mailing Address: Street and Number (If different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

See Attachment 6

Nature of Fiduciary Status (if applicable)

None

Name

Case Western Reserve University School of Medicine

Domicile Address: Street and Number

10900 Euclid Avenue

City, Village or Town

Cleveland

State

Ohio

ZIP Code

44106-7090

Country

United States

Mailing Address: Street and Number (If different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

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

Astoria

State

New York

ZIP Code

11106

Country

United States

Mailing Address: Street and Number (If different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

Contingent remainder beneficiary of one-half of the remainder estate and trust assets under Article SIXTEENTH

Nature of Fiduciary Status (if applicable)

None

Name

Daria Witt

Domicile Address: Street and Number

745 Westminster Road, Unit A

City, Village or Town

Brooklyn

State

New York

ZIP Code

11230

Country

United States

Mailing Address: Street and Number (If different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

Contingent remainder beneficiary of one-half of the remainder estate and trust assets under Article SIXTEENTH

Nature of Fiduciary Status (if applicable)

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

16000 Prague 6 Dejvice

State

ZIP Code

Country

Czech Republic

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

Contingent remainder beneficiary of one-half of the remainder estate and trust assets under Article SIXTEENTH

Nature of Fiduciary Status (if applicable)

None

Name

Giovanni Santalucia

Domicile Address: Street and Number

31-53 30th Street

City, Village or Town

Astoria

State

New York

ZIP Code

11106

Country

United States

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

Contingent remainder beneficiary of one-half of the remainder estate and trust assets under Article SIXTEENTH

Nature of Fiduciary Status (if applicable)

None

Name

Iris Santalucia

Domicile Address: Street and Number

31-53 30th Street

City, Village or Town

Astoria

State

New York

ZIP Code

11106

Country

United States

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

Contingent remainder beneficiary of one-half of the remainder estate and trust assets under Article SIXTEENTH

Nature of Fiduciary Status (if applicable)

None

Name

New York Attorney General

Domicile Address: Street and Number

28 Liberty Street

City, Village or Town

New York

State

New York

ZIP Code

10005

Country

United States

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Description of Legacy, Devise or Other Interest

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		State	ZIP Code	Country
Boston		Massachusetts	02111	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				
Infant	Birthdate	Person with Whom Resides		Father Living? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	06/24/13	James P. Strain and Amy S. Colwell		Mother Living? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Court-Appointed Guardian?	Describe Appointment		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Guardian Name		
	If yes, Guardian of:	Guardian Address		
	<input type="checkbox"/> Person <input type="checkbox"/> Property			
Incompetent/Incapacitated	Facts Regarding Disability			
	<input type="checkbox"/> Committee <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian	Name		
		Address		
		Name		
		Address		
	Committed to Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution Name		
		Institution Address		
	Name of Relative/Friend with Interest in Welfare			
	Address			
Prisoner	Place of Incarceration		Person with Interest in Welfare	
Unknown	Description (in same language as will be used in the process)			

Continued on next page.

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

Name Jack McCurry			
Domicile Address: Street and Number 745 Westminster Road, Unit A			
City, Village or Town Brooklyn	State New York	ZIP Code 11230	Country United States
Residence Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest Contingent remainder beneficiary of one-half of the remainder estate and trust assets under Article SIXTEENTH			
Nature of Fiduciary Status (if applicable) None			
Infant	Birthdate 01/19/07	Person with Whom Resides Daria Witt and Doug McCurry	Father Living? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mother Living? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Court-Appointed Guardian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe Appointment	
		Guardian Name	
	If yes, Guardian of: <input type="checkbox"/> Person <input type="checkbox"/> Property	Guardian Address	
Incompetent/Incapacitated	Facts Regarding Disability		
	<input type="checkbox"/> Committee <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian	Name	
		Address	
		Name	
		Address	
	Committed to Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution Name	
		Institution Address	
Name of Relative/Friend with Interest in Welfare			
Address			
Prisoner	Place of Incarceration	Person with Interest in Welfare	
Unknown	Description (in same language as will be used in the process)		

Continued on next page.

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

Name Matthew McCurry			
Domicile Address: Street and Number 745 Westminster Road, Unit A			
City, Village or Town Brooklyn	State New York	ZIP Code 11230	Country United States
Residence Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest Contingent remainder beneficiary of one-half of the remainder estate and trust assets under Article SIXTEENTH			
Nature of Fiduciary Status (if applicable) None			
Infant	Birthdate 11/12/08	Person with Whom Resides Daria Witt and Doug McCurry	Father Living? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mother Living? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Court-Appointed Guardian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe Appointment	
		Guardian Name	
	If yes, Guardian of: <input type="checkbox"/> Person <input type="checkbox"/> Property	Guardian Address	
Facts Regarding Disability			
Incompetent/Incapacitated	<input type="checkbox"/> Committee	Name	
	<input type="checkbox"/> Conservator	Address	
	<input type="checkbox"/> Guardian	Name	
		Address	
	Committed to Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution Name	
		Institution Address	
Name of Relative/Friend with Interest in Welfare			
Address			
Prisoner	Place of Incarceration	Person with Interest in Welfare	
Unknown	Description (in 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 clergy person, except: ☒ 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: ☐ 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.

☒ Letters Testamentary to: Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain, and James P. Strain

f/b/o

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☒ Letters Testamentary to: Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain, and James P. Strain

**Marital Trust under Article FIFTH f/b/o Gladys
f/b/o W. Strain**

f/b/o

☐ Further relief sought (if any):

Dated: _____

Print Name _____

Name of Corporate Petitioner

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:

☒ Letters Testamentary to: Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain, and James P. Strain

☒ Letters of Trusteeship to:

<u>Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain and James P. Strain</u>	<u>f/b/o</u>	<u>Credit Shelter Trust under Article THIRD f/b/o Gladys W. Strain and issue of James J. Strain</u>
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<u>Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain and James P. Strain</u>	<u>f/b/o</u>	<u>GST Marital Trust under Article FOURTH f/b/o Gladys W. Strain</u>
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<u>Gladys W. Strain, Jay J. Strain, Jeffrey W. Strain and James P. Strain</u>	<u>f/b/o</u>	<u>Marital Trust under Article FIFTH f/b/o Gladys W. Strain</u>
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f/b/o

☐ Letters of Administration c.t.a. to: _____

and that petitioner(s) have such other relief as may be proper.

☐ Further relief sought (if any): _____

Dated: _____

Signature of Petitioner

Gladys W. Strain

Print Name

Signature of Petitioner

Jay J. Strain

Print Name

Name of Corporate Petitioner

Signature of Petitioner

Jeffrey W. Strain

Print Name

By _____

Signature

Print Name

Title

Additional Petitioner Signature Lines



Signature of Petitioner

James P. Strain

Print Name

Signature of Petitioner

Print Name

Signature of Petitioner

Print Name

Signature of Petitioner

Print Name

Signature of Petitioner

Print Name

Signature of Petitioner

Print Name

Signature of Petitioner

Print Name

Signature of Petitioner

Print Name

Name of Corporate Petitioner

Name of Corporate Petitioner

By

Signature

Print Name

Title

By

Signature

Print Name

Title

Name of Corporate Petitioner

Name of Corporate Petitioner

By

Signature

Print Name

Title

By

Signature

Print Name

Title

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF NEW YORK
COUNTY OF THE BRONX } 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 Bronx 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 10471

Gladys W. Strain
Signature of Petitioner

Gladys W. Strain
Print Name

On the 19 day of October in the year 23 before me, the undersigned, personally appeared,
Gladys 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 2023

Stella Borukhova
Notary Public

Commission Expires

NOTARY PUBLIC, STATE OF NEW YORK

(Affix Notary Stamp or Seal)

Qualified in Queens County

Commission Expires 02/06/2025

James R. Ledley, Esq.
Signature of Attorney

James R. Ledley, Esq.
Print Name of Attorney

Kleinberg, Kaplan, Wolff & Cohen, P.C.
Firm Name

(212) 986-6000
Telephone

500 Fifth Avenue, New York, New York 10110
Address

jledley@kkwc.com
Email (optional)

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF PENNSYLVANIA
COUNTY OF Philadelphia } 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 Bronx 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 17th day of October in the year 2023 before me, the undersigned, personally appeared,

Jay J. 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

17th day of

October 2023


Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

Commonwealth of Pennsylvania - Notary Seal
Marybeth Myers, Notary Public
Philadelphia County
My commission expires January 6, 2026
Commission number 1220788
Member, Pennsylvania Association of Notaries

James R. Ledley, Esq.

Print Name of Attorney


Signature of Attorney

Kleinberg, Kaplan, Wolff & Cohen, P.C.

Firm Name

500 Fifth Avenue, New York, New York 10110

Address

(212) 986-6000

Telephone

jledley@kkwc.com

Email (optional)

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF MASSACHUSETTS
COUNTY OF SUFFOLK } 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 Bronx 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, Boston, Massachusetts 02111

James P. Strain
Signature of Petitioner

James P. Strain

Print Name

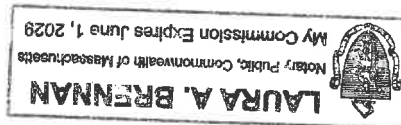
On the 5th day of October in the year 2023 before me, the undersigned, personally appeared,

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 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

5 day of October



Laura A. Brennan
Notary Public

Commission Expires: 6-1-2029

(Affix Notary Stamp or Seal)

James R. Ledley, Esq.
Signature of Attorney

James R. Ledley, Esq.

Print Name of Attorney

Kleinberg, Kaplan, Wolff & Cohen, P.C.

Firm Name

(212) 986-6000

Telephone

500 Fifth Avenue, New York, New York 10110

Address

jledley@kkwc.com

Email (optional)

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF NEW YORK
COUNTY OF CAYUGA } 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 Bronx 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 Stuyler Street, Oswego, New York 13126


Signature of Petitioner

Jeffrey W. Strain

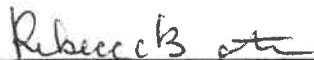
Print Name

On the 15 day of November in the year 2023 before me, the undersigned, personally appeared,
Jeffrey 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

15th day of November 2023



Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

REBECCA BATCHELOR
Notary Public - State of New York
No. 01BA6439729
Qualified in Cayuga County
My Commission Expires 08/29/2026


Signature of Attorney

Kleinberg, Kaplan, Wolff & Cohen, P.C.

Firm Name

500 Fifth Avenue, New York, New York 10110

Address

James R. Ledley, Esq.

Print Name of Attorney

(212) 986-6000

Telephone

jledley@kkwc.com

Email (optional)