

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

PROBATE PROCEEDING, WILL OF

**ZENA MARGOLIN**

a/k/a

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 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:

**Petitioner Information:**

Name <b>Bettina Finn</b>	Citizenship <b>United States</b>
-----------------------------	-------------------------------------

Domicile or Principal Office Address: Street and Number

**38 Evans Drive**

City, Village or Town

**Glen Head**

State

**New York**

ZIP Code

**11545**

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 <b>Melissa Kramer</b>			Citizenship <b>United States</b>
Domicile or Principal Office Address: Street and Number <b>58 Hidden Ridge Drive</b>			
City, Village or Town <b>Syosset</b>	State <b>New York</b>	ZIP Code <b>11791</b>	Country <b>United States</b>
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 <b>Zena Margolin</b>		Citizenship <b>United States</b>	
Domicile Address: Street and Number <b>42 Voorhis Drive</b>			
City, Village or Town <b>Old Bethpage</b>		State <b>New York</b>	ZIP Code <b>11804</b>
Country <b>United States</b>			
County <b>Nassau</b>	Date of Death <b>November 29, 2023</b>	Place of Death <b>Hospice Inn, Huntington, NY</b>	

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:

<b>September 7, 2023</b> Date of Will	<b>Brian Finn and Jeff Simmons</b> 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. ☐ **NO** Spouse (husband/wife).
- b. ☐ **4** 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. ☐ **X** Mother/Father.
- d. ☐ **X** Sisters and/or brothers, either of the whole or half blood, and issue of predeceased sisters and/or brothers (nieces/nephews, etc.).
- e. ☐ **X** Grandparents. *[Include maternal and paternal]*
- f. ☐ **X** Aunts and/or uncles, and children of predeceased aunts and/or uncles (first cousins). *[Include maternal and paternal]*
- g. ☐ **X** 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 <b>Bettina Finn</b>			
Domicile Address: Street and Number <b>38 Evans Drive</b>			
City, Village or Town <b>Glen Head</b>	State <b>New York</b>	ZIP Code <b>11545</b>	Country <b>United States</b>
Mailing Address: Street and Number (If different from domicile)			
City, Village or Town	State	ZIP Code	Country
Relationship <b>Daughter</b>			
Description of Legacy, Devise or Other Interest			

**Petitioner; Distributee; Beneficiary of tangible personal property under Article SECOND of the Will**

Nature of Fiduciary Status (if applicable)

**Nominated co-Executor; Nominated co-Trustee of all trusts under the Will**

Name <b>Melissa Kramer</b>			
Domicile Address: Street and Number <b>58 Hidden Ridge Drive</b>			
City, Village or Town <b>Syosset</b>	State <b>New York</b>	ZIP Code <b>11791</b>	Country <b>United States</b>
Mailing Address: Street and Number (If different from domicile)			
City, Village or Town	State	ZIP Code	Country
Relationship <b>Daughter</b>			
Description of Legacy, Devise or Other Interest			

**Petitioner; Distributee; Beneficiary of tangible personal property under Article SECOND of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Melissa Kramer**

Nature of Fiduciary Status (if applicable)

**Nominated co-Executor; Nominated co-Trustee of all trusts under the Will**

Name <b>Craig Margolin</b>			
Domicile Address: Street and Number <b>84 Annandale Road</b>			
City, Village or Town <b>Commack</b>	State <b>New York</b>	ZIP Code <b>11725</b>	Country <b>United States</b>
Mailing Address: Street and Number (If different from domicile)			
City, Village or Town	State	ZIP Code	Country
Relationship <b>Son</b>			
Description of Legacy, Devise or Other Interest			

**Distributee; Beneficiary of tangible personal property under Article SECOND of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Craig Margolin**

Nature of Fiduciary Status (if applicable)

**Nominated co-Trustee of the Article FIFTH Trust fbo Craig Margolin**

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

Name

**Allison Alper**

Domicile Address: Street and Number

**5 Crawford Drive**

City, Village or Town

**Dix Hills**

State

**New York**

ZIP Code

**11746**

Country

**United States**

Mailing Address: Street and Number

City, Village or Town

State

ZIP Code

Country

Relationship

**Daughter**

Description of Legacy, Devise or Other Interest

**Distributee; Beneficiary of tangible personal property under Article SECOND of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Allison Alper**

Nature of Fiduciary Status (if applicable)

**Nominated co-Trustee of the Article FIFTH Trust fbo Allison Alper**

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 <b>NONE</b>			
Domicile Address: Street and Number			
City, Village or Town		State	ZIP Code
Residence Address: Street and Number			
City, Village or Town		State	ZIP Code
Relationship			
Description of Legacy, Devise or Other Interest			
Nature of Fiduciary Status (if applicable)			

<b>Infant</b>	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		

<b>Incompetent / Incapacitated</b>	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				

<b>Prisoner</b>	Place of Incarceration	Person with Interest in Welfare

<b>Unknown</b>	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  
**Brian Finn**

Domicile Address: Street and Number  
**38 Evans Drive**

City, Village or Town	State	ZIP Code	Country
<b>Glen Head</b>	<b>New York</b>	<b>11545</b>	<b>United States</b>

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

City, Village or Town	State	ZIP Code	Country

Description of Legacy, Devise or Other Interest

**None**

Nature of Fiduciary Status (if applicable)

**Nominated Successor Executor; Nominated Successor Trustee**

Name  
**Steven Finn**

Domicile Address: Street and Number  
**1132 Winding Drive**

City, Village or Town	State	ZIP Code	Country
<b>Cherry Hill</b>	<b>New York</b>	<b>08003</b>	<b>United States</b>

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

City, Village or Town	State	ZIP Code	Country

Description of Legacy, Devise or Other Interest

**Beneficiary of cash bequest under Article SECOND(B) of the Will**

Nature of Fiduciary Status (if applicable)

**None**

Name  
**Arden Resnick**

Domicile Address: Street and Number  
**53 Blue Mill Road**

City, Village or Town	State	ZIP Code	Country
<b>Morristown</b>	<b>New York</b>	<b>07960</b>	<b>United States</b>

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

City, Village or Town	State	ZIP Code	Country

Description of Legacy, Devise or Other Interest

**Beneficiary of cash bequest under Article SECOND(B) of the Will**

Nature of Fiduciary Status (if applicable)

**None**

Name  
**Marissa Hersh**

Domicile Address: Street and Number  
**27-21 44th Drive, #503**

City, Village or Town	State	ZIP Code	Country
<b>Long Island City</b>	<b>New York</b>	<b>11101</b>	<b>United States</b>

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

City, Village or Town	State	ZIP Code	Country

Description of Legacy, Devise or Other Interest

**Beneficiary of cash bequest under Article SECOND(B) of the Will**

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

**Zachary Kramer**

Domicile Address: Street and Number

**58 Hidden Ridge Drive**

City, Village or Town

**Syosset**

State

**New York**

ZIP Code

**11791**

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 1**

Nature of Fiduciary Status (if applicable)

**None**

Name

**Maxwell Kramer**

Domicile Address: Street and Number

**10 Alexis Drive**

City, Village or Town

**Lower Gwynedd**

State

**Pennsylvania**

ZIP Code

**19002**

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 2**

Nature of Fiduciary Status (if applicable)

**None**

Name

**Daniel Margolin**

Domicile Address: Street and Number

**3 Pimlico Drive**

City, Village or Town

**Commack**

State

**New York**

ZIP Code

**11725**

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 3**

Nature of Fiduciary Status (if applicable)

**None**

Name

**Kevin Margolin**

Domicile Address: Street and Number

**84 Annandale Drive**

City, Village or Town

**Commack**

State

**New York**

ZIP Code

**11725**

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 4**

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

**Jordyn Alper**

Domicile Address: Street and Number

**5 Crawford Drive**

City, Village or Town

**Dix Hills**

State

**New York**

ZIP Code

**11746**

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 5**

Nature of Fiduciary Status (if applicable)

**None**

Name

**Tobi Alper**

Domicile Address: Street and Number

**5 Crawford Drive**

City, Village or Town

**Dix Hills**

State

**New York**

ZIP Code

**11746**

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

**Dani Alper**

Domicile Address: Street and Number

**5 Crawford Drive**

City, Village or Town

**Dix Hills**

State

**New York**

ZIP Code

**11746**

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

Domicile 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

Description of Legacy, Devise or Other Interest

Nature of Fiduciary Status (if applicable)

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

Name <b>Sydney Alper</b>			
Domicile Address: Street and Number <b>5 Crawford Drive</b>			
City, Village or Town <b>Dix Hills</b>	State <b>New York</b>	ZIP Code <b>11746</b>	Country <b>United States</b>
Residence Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Description of Legacy, Devise or Other Interest <b>See Attachment 8</b>			
Nature of Fiduciary Status (if applicable) <b>None</b>			
<b>Infant</b>	Birthdate	Person with Whom Resides	Father Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Court-Appointed Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Appointment	Mother Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Guardian Name	
	If yes, Guardian of: <input type="checkbox"/> Person <input type="checkbox"/> Property	Guardian Address	
<b>Incompetent/Incapacitated</b>	Facts Regarding Disability <b>Chromosome 18 Disorder</b>		
	<input type="checkbox"/> Committee <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Guardian	Name <b>Allison Alper</b>	
		Address <b>5 Crawford Drive, Dix Hills, NY 11746</b>	
		Name <b>Eric Alper</b>	
		Address <b>5 Crawford Drive, Dix Hills, NY 11746</b>	
	Committed to Institution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Institution Name	
Institution Address			
Name of Relative/Friend with Interest in Welfare <b>Craig Margolin</b>			
Address <b>84 Annandale Road, Commack, NY 11725</b>			
<b>Prisoner</b>	Place of Incarceration	Person with Interest in Welfare	
<b>Unknown</b>	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:

<b>Greater than</b>	\$ <b>500,000.00</b>
<b>But less than</b>	\$ <b>4,833,000.00</b>
Personal Property	\$ <b>4,000,000.00</b>
Improved Real Property in New York State	\$ <b>833,000.00</b>
Unimproved Real Property in New York State	\$ <b>0.00</b>
Estimated Gross Rents for a Period of 18 Months	\$ <b>0.00</b>

(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

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:

☒ Letters Testamentary to: Bettina Finn and Melissa Kramer

☒ Letters of Trusteeship to:

Bettina Finn f/b/o Article FIFTH Trust fbo Melissa Kramer

Melissa Kramer f/b/o Article FIFTH Trust fbo Melissa Kramer

Bettina Finn f/b/o Article FIFTH Trust fbo Craig Margolin

Melissa Kramer f/b/o Article FIFTH Trust fbo Craig Margolin

See Attachment 9

☐ Letters of Administration c.t.a. to: \_\_\_\_\_

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

☐ Further relief sought (if any):

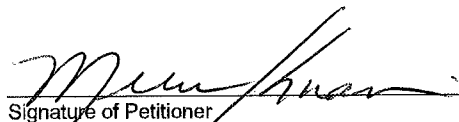
Dated: 12/9/23



Signature of Petitioner

**Bettina Finn**

Print Name



Signature of Petitioner

**Melissa Kramer**

Print Name

\_\_\_\_\_  
Name of Corporate Petitioner

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name

By

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF NEW YORK  
COUNTY OF NASSAU } 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: 38 Evans Drive, Glen Head, New York 11545

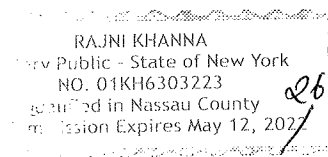
Bettina Finn  
Signature of Petitioner  
Bettina Finn  
Print Name

On the 9<sup>th</sup> day of December in the year 2023 before me, the undersigned, personally appeared,  
Bettina Finn

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  
9<sup>th</sup> day of December, 2023

Rajni Khanna  
Notary Public  
Commission Expires: 05/12/2026  
(Affix Notary Stamp or Seal)



Patricia C. Marcin  
Signature of Attorney

Patricia C. Marcin  
Print Name of Attorney

Rivkin Radler LLP  
Firm Name

(516) 357-3342  
Telephone

926 RXR Plaza, Uniondale, New York 11556  
Address

patricia.marcin@rivkin.com  
Email (optional)

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF NEW YORK  
COUNTY OF NASSAU } 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: 58 Hidden Ridge Drive, Syosset, New York 11791

Melissa Kramer  
Signature of Petitioner

Melissa Kramer  
Print Name

On the 9<sup>th</sup> day of December in the year 2023 before me, the undersigned, personally appeared,  
Melissa Kramer

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

9<sup>th</sup> day of December, 2023

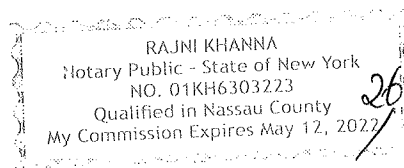
Rajni Khanna  
Notary Public

Commission Expires:  
(Affix Notary Stamp or Seal)

Patricia C. Marcin  
Signature of Attorney

Rivkin Radler LLP  
Firm Name

926 RXR Plaza, Uniondale, New York 11556  
Address



Patricia C. Marcin  
Print Name of Attorney

(516) 357-3342  
Telephone

patricia.marcin@rivkin.com  
Email (optional)

## **Attachments**

### **Attachment 1**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Melissa Kramer

### **Attachment 2**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Melissa Kramer

### **Attachment 3**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Craig Margolin

### **Attachment 4**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Craig Margolin

### **Attachment 5**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Allison Alper

### **Attachment 6**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Allison Alper

### **Attachment 7**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Allison Alper

### **Attachment 8**

#### **Description of Legacy, Devise or Other Interest**

Beneficiary of cash bequest under Article SECOND(B) of the Will; Permissible principal and income beneficiary of the Sydney Alper Supplemental Needs Trust under Article EIGHTH of the Will which will receive the cash bequest; Permissible principal and income beneficiary of the Article FIFTH Trust fbo Allison Alper

## **Attachments (con't.)**

### **Attachment 9: Letters of Trusteeship to: (continued)**

Craig Margolin f/b/o Article FIFTH Trust fbo Craig Margolin

Bettina Finn f/b/o Article FIFTH Trust fbo Allison Alper

Melissa Kramer f/b/o Article FIFTH Trust fbo Allison Alper

Allison Alper f/b/o Article FIFTH Trust fbo Allison Alper

Bettina Finn f/b/o Sydney Alper Supplemental Needs Trust under Article EIGHTH of the Will

Melissa Kramer f/b/o Sydney Alper Supplemental Needs Trust under Article EIGHTH of the Will