

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

PROBATE PROCEEDING, WILL OF
WALTER SCOTT
a/k/a

WALTER H. SCOTT

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 RICHMOND

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 Lillie Ann Scott			Citizenship United States
Domicile or Principal Office Address: Street and Number 16 Ada Drive			
City, Village or Town Staten Island	State New York	ZIP Code 10314	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.

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:

Decedent Information:

Name Walter Scott, a/k/a Walter H. Scott			Citizenship United States
Domicile Address: Street and Number 16 Ada Drive			
City, Village or Town Staten Island	State New York	ZIP Code 10314	Country United States
County Richmond	Date of Death October 4, 2021	Place of Death Staten Island University Hospital, Staten Island, NY 10305	

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:

August 2, 2016 **Michele Santacroce and Michael Pellegrino, Esq.**

Date of Will Name of All Witnesses to Will

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. ☐ 2 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

Lillie Ann Scott

Domicile Address: Street and Number

16 Ada Drive

City, Village or Town

Staten Island

State

New York

ZIP Code

10314

Country

United States

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

City, Village or Town

State

ZIP Code

Country

Relationship

Spouse

Description of Legacy, Devise or Other Interest

Full Residuary Legatee

Nature of Fiduciary Status (if applicable)

Nominated Executor

Name

Vincent Scott

Domicile Address: Street and Number

16 Ada Drive

City, Village or Town

Staten Island

State

New York

ZIP Code

10314

Country

United States

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

City, Village or Town

State

ZIP Code

Country

Relationship

Son

Description of Legacy, Devise or Other Interest

Specific Legatee

Nature of Fiduciary Status (if applicable)

Nominated Successor Co-Executor

Name

Carol Ann Whittaker

Domicile Address: Street and Number

15 Saint Joseph Place

City, Village or Town

New Windsor

State

New York

ZIP Code

12553

Country

United States

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

City, Village or Town

State

ZIP Code

Country

Relationship

Daughter

Description of Legacy, Devise or Other Interest

None

Nature of Fiduciary Status (if applicable)

Nominated Successor Co-Executor

6. (a) Persons and parties of full age and sound mind: (continued)

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

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: ☒ **None**

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

NONE

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)

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:

☒ **None**

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: ☒ 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	\$ 0.00
But less than	\$ 10,000.00
Personal Property	\$ 0.00
Improved Real Property in New York State	\$ 0.00
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

A cause of action exists for the decedent's conscious pain and suffering and wrongful death against the manufacturer of CPAP, BiPAP, and/or mechanical ventilator devices.

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: Lillie Ann Scott

☐ Letters of Trusteeship to:

_____ f/b/o _____

_____ f/b/o _____

_____ 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.

☒ Further relief sought (if any):
That the filing of a bond be dispensed with.

Dated: 12/19/25

Lillie Ann Scott

Signature of Petitioner

Lillie Ann Scott

Print Name

Signature of Petitioner

Print Name

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF NEW YORK
COUNTY OF Richmond } 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 Richmond 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: 16 Ada Drive, Staten Island, New York 10314

Lillie Ann Scott
Signature of Petitioner

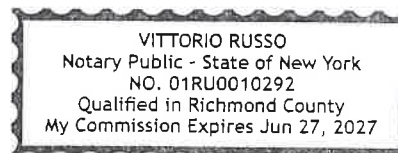
Lillie Ann Scott
Print Name

On the 19 day of December, 20 25, before me personally came Lillie Ann Scott

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.

[Signature]

Notary Public
Commission Expires: June 27, 2027
(Affix Notary Stamp or Seal)



[Signature]
Signature of Attorney

David M. Kaufman, Esq.
Print Name of Attorney

Weitz & Luxenberg, P.C.
Firm Name

(212) 558-5687
Telephone

700 Broadway, New York, New York 10003
Address

DKaufman@weitzlux.com
Email (optional)