

COUNTY OF RICHMOND

PROBATE PROCEEDING, _____

a/k/a

Deceased

Filling Fee Paid \$ _____
 _____ Certs \$ _____
 _____ Certs \$ _____
 \$ _____ Bond, Fee: \$ _____
 Receipt No: _____ No: _____

- ☒ 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:

Name: ALEX BUTLER
(First) (Middle) (Last)

Domicile or Principal Office: 11711 WALL STREET, APT 2302
(Street and Number)

SAN ANTONIO	TX	78230
(City, Village or Town)	(State)	(Zip Code)

Mailing Address: _____

(If different from domicile)

Citizen of: THE UNITED STATES OF AMERICA

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: BOBBE BUTLER

(b) Date of death 08/26/2016

(c) Place of death STATEN ISLAND UNIVERSITY HOSPITAL

(d) Domicile: Street 57 BROAD STREET

City, Town, Village STATEN ISLAND

County RICHMOND State NEW YORK

(e) Citizen of: UNITED STATES OF AMERICA

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:

2/16/1987

RAYMOND GENERO, LENORE L. BICKMAN AND BARBARA FERMIN

(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)

NONE

a. No Spouse (husband/wife).

b. 2 Child or children and/or issue of predeceased child or children.
[Must include marital, nonmarital, adopted, or adopted-out of child under DRL Section 117]

c. No Mother/Father.

d. No Sisters and/or brothers, either of the whole or half blood, and issue of predeceased sisters and/or brothers (nieces/nephews, etc.)

e. No Grandparents. [Include maternal and paternal]

f. No Aunts and/or uncles, and children of predeceased aunts and/or uncles (first cousins).
[Include maternal and paternal]

g. No First cousins once removed (children of predeceased first cousins). [Include maternal and paternal]

[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**]

[illegible]

[Furnish all information specified in NOTE following 7b]

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status

7. (a) The names and domiciliary of all substitute or successor executors and of all trustees, guardians, legatees, devisees, and other beneficiaries named in the Will and/or trustees and beneficiaries of any inter vivos trust designated in the propounded Will other than those named in Paragraph 6 herewith are as follows:

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status

(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 \$ 200,000 but less than \$ 250,000

Personal Property \$ 1,000 Improved real property in New York State \$ 250000

Unimproved real property in New York State \$ 0

Estimated gross rents for a period of 18 months \$ 18,000

(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 ALEX BUTLER

☐ Letters of Trusteeship to _____ f/b/o _____
_____ f/b/o _____
_____ f/b/o _____

☐ Letters of Administration c.t.a. to _____
and that petitioner (s) have such other relief as may be proper.

Dated: 12.6.2025

1. Alex Butler
(Signature of Petitioner)

2. _____
(Signature of Petitioner)

ALEX BUTLER
(Print Name)

(Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)