

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

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

ADMINISTRATION PROCEEDING, ESTATE OF

PATRICIA RUBIO

Deceased.

PETITION FOR LETTERS OF:

- ☒ Administration
☐ Limited Administration
☐ Administration with Limitations
☐ Temporary Administration

File No. _____

TO THE SURROGATE'S COURT, COUNTY OF RICHMOND

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Petitioner Information:

Name CAROLYN RUBIO DIAZ		Citizenship UNITED STATES	
Domicile Address: Street and Number 11160 SE 68TH COURT			
City, Village or Town BELLEVIEW	State FLORIDA	Zip Code 34420	Country UNITED STATES
County MARION		Telephone (407) 209-5798	

Interest of Petitioner (*check one*):

☒ Distributee of decedent (*state relationship*): **SISTER.**

☐ Other (*specify*):

Is proposed Administrator an attorney? ☐ Yes ☒ No

[If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

The proposed Administrator ☐ is ☒ is not a convicted felon nor is he/she otherwise ineligible, pursuant to SCPA 707 to receive letters.

If the proposed Administrator 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 PATRICIA RUBIO		Citizenship United States	
Domicile Address: Street and Number 1000 CLOVE ROAD, APT. 7M			
City, Village or Town STATEN ISLAND	State NEW YORK	Zip Code 10301	Country UNITED STATES
County RICHMOND	Date of Death October 24, 2025	Place of Death STATEN ISLAND UNIVERSITY HOSPITAL	

The Death Certificate must be filed with this proceeding. If the decedent's domicile is different from that shown on the death certificate, check box [X] and attach an affidavit explaining the reason for this inconsistency.

3. The estimated gross value of: *[Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]*

(a) The decedent's personal property passing by intestacy is less than		\$175,000.00
(b) The decedent's real property, in this state, which is		
Improved, passing by intestacy, is less than	\$0.00	
Description of each parcel:		
Unimproved, passing by intestacy, is less than	\$0.00	
Description of each parcel:		
Total		\$0.00
(c) The estimated gross rent for a period of eighteen (18) months is the sum of		\$0.00

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: *[Briefly state the cause of action and the person against whom it exists, including names and carrier.]* [X] None

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here [] and furnish name(s) and address(es) of parent(s) in Paragraph 7. *[See EPTL 5-4.4.]*

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) has/have been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2: *[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "NO" in all prior classes. Insert "X" in all subsequent classes.]*

- a. ☐ **NO** Spouse (husband/wife).
- b. ☐ **NO** Child or children or descendants of predeceased child or children. *[Must include marital, nonmarital, and adopted.]*
- c. ☐ **NO** Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. ☐ **NO** Mother/Father.
- e. ☐ **4** Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. ☐ **X** Grandmother/Grandfather.
- g. ☐ **X** Aunts or uncles, and children of predeceased aunts or uncles (first cousins).
- h. ☐ **X** First cousins once removed (children of first cousins).

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office addresses and citizenship are as follows: *[Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death and relationship of the ancestor to the decedent. See Uniform Rules 207.16(b). If person is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If person was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B.]*

7. (a) The following are of full age and under no disability:

- ☐ Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- ☐ Schedule B— Issue of the Decedent Who Were the Subject of an Adoption is Attached

Name CAROLYN RUBIO DIAZ		Citizenship UNITED STATES	
Domicile Address: Street and Number 11160 SE 68TH STREET			
City, Village or Town BELLEVUE	State NEW YORK	Zip Code 34420	Country UNITED STATES
Relationship SISTER			
Name VICTORIA RUBIO		Citizenship UNITED STATES	
Domicile Address: Street and Number 234 DAVIS AVENUE			
City, Village or Town STATEN ISLAND	State NEW YORK	Zip Code 10310	Country UNITED STATES
Relationship NIECE, DAUGHTER OF PRE-DECEASED SISTER, BARBARA RUBIO WHO DIED OCTOBER 12, 2024.			
		Citizenship	

Name NATASHA RUBIO		UNITED STATES	
Domicile Address: Street and Number 153 BRABANT STREET APARTMENT 1F			
City, Village or Town STATEN ISLAND	State NEW YORK	Zip Code 10303	Country UNITED STATES
Relationship NIECE, DAUGHTER OF PRE-DECEASED SISTER BARBARA RUBIO WHO DIED OCTOBER 12, 2024.			
Name MARYANN RUBIO		Citizenship UNITED STATES	
Domicile Address: Street and Number 554 TRINITY AVENUE APARTMENT 3I			
City, Village or Town BRONX	State NEW YORK	Zip Code 10455	Country UNITED STATES
Relationship NIECE, DAUGHTER OF PRE-DECEASED SISTER BARBARA RUBIO WHO DIED OCTOBER 12, 2024.			

7. (b) The following are infants and/or other persons under disability:

- ☐ Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- ☐ Schedule B— Issue of the Decedent Who Were the Subject of an Adoption is Attached
- ☐ Schedule C— Infants is Attached
- ☐ Schedule D — Persons Under Disability Other than Infants is Attached

Name NONE		Citizenship	
Domicile Address: Street and Number			
City, Village or Town	State	Zip Code	Country
Relationship			

8. There are no outstanding debts or funeral expenses, except: ☐ None

Outstanding Balance for Co-Op Maintenance & Special Assessment: \$ 4,364.97.

9. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that:

- ☐ a. Process issue to all necessary parties to show cause why letters should not be issued as requested;
- ☐ b. An order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are nondomiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- ☒ c. A decree award Letters of:
 - ☒ Administration to: **CAROLYN RUBIO DIAZ**
 - ☐ Limited Administration to:
 - ☐ Administration with Limitation to:
 - ☐ Temporary Administration to:

or other such person or persons having prior right as may be entitled thereto, and;

☐ d. That the authority of the representative under the foregoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.

☐ e. That the authority of the representative under the foregoing Letters be limited as follows:

☐ f. Further relief sought (if any):

Dated: _____

12/3/2025

x
Signature of Petitioner



CAROLYN RUBIO DIAZ
Print Name

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is to be appointed administrator

STATE OF FLORIDA)
) ss.:
COUNTY OF MARION)

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

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.

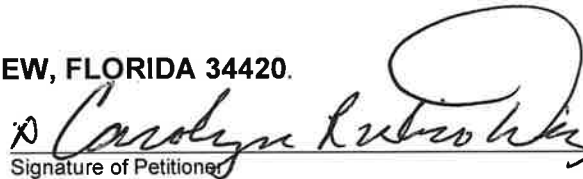
2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and a citizen of **the United States**; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible, pursuant 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 do 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 Surrogate's 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.

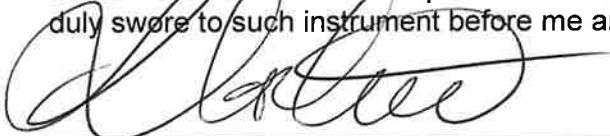
My domicile is: **11160 SE 68TH COURT, BELLEVIEW, FLORIDA 34420.**

CAROLYN RUBIO DIAZ

Print Name


Signature of Petitioner

On the 3 day of December, 2025, before me personally came **CAROLYN RUBIO DIAZ** 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
Commission Expires:
(Affix Notary Stamp or Seal)



SHURNELLE CORBIE
Notary Public
State of Florida
Comm# HH313757
Expires 9/19/2026



Signature of Attorney

GRACE V. MATTEI, ESQ.

Print Name of Attorney

GRACE V. MATTEI, ESQ.

Firm Name

1265 RICHMOND AVENUE, STATEN ISLAND, NEW YORK 10314

Address

(718) 983-8000

Telephone

GRACE@GRACELAWOFFICE.COM

Email (optional)