

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.: _____

PROBATE PROCEEDING, WILL OF

ANNETTE MARTINELLI

Deceased.

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 MIDGIE A. FAZIO		Citizenship United States	
Domicile or Principal Office Address: Street and Number 170 Nancy Lane			
City, Village or Town STATEN ISLAND	State New York	Zip Code 10307	Country United States
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.

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

Decedent Information:

Name ANNETTE MARTINELLI	Citizenship United States
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Domicile Address: Street and Number 165 Nancy Lane			
City, Village or Town Staten Island	State New York	Zip Code 10307	Country United States
County Richmond	Date of Death October 4, 2025	Place of Death Staten Island University Hospital	

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 14, 2025	Terence M. Higgins and Alison M. Burns
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: [X] None

5. The decedent was survived by distributees classified as follows: *[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1 and 4-1.2. State the **number** of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].*

- a. ☐ **NO** Spouse (husband/wife).
- b. ☐ **7** 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 MIDGIE A. FAZIO		Relationship DAUGHTER	
Domicile Address: Street and Number 170 NANCY LANE			
City, Village or Town STATEN ISLAND	State New York	Zip Code 10307	Country United States
Description of Legacy, Devise or Other Interest REAL PROPERTY DEVISEE, PERSONAL PROPERTY BENEFICIARY, ONE-THIRD RESIDUARY BENEFICIARY			
Nature of Fiduciary Status (if applicable) PRIMARY EXECUTOR			

Name MICHAEL JOHN PALMER		Relationship GRANDSON	
Domicile Address: Street and Number 163 NANCY LANE			
City, Village or Town STATEN ISLAND	State New York	Zip Code 10307	Country United States
Description of Legacy, Devise or Other Interest REAL PROPERTY DEVISEE, PERSONAL PROPERTY BENEFICIARY, 8.3326% RESIDUARY BENEFICIARY			
Nature of Fiduciary Status (if applicable) NONE			

Name ANTHONY PALMER		Relationship GRANDSON	
Domicile Address: Street and Number 163 NANCY LANE			
City, Village or Town STATEN ISLAND	State New York	Zip Code 10307	Country United States
Description of Legacy, Devise or Other Interest REAL PROPERTY DEVISEE, PERSONAL PROPERTY BENEFICIARY, 8.3326% RESIDUARY BENEFICIARY			
Nature of Fiduciary Status (if applicable) NONE			

Name NICOLETTE MASUCCI		Relationship GRANDDAUGHTER	
Domicile Address: Street and Number 821 CARLTON BLVD.			
City, Village or Town STATEN ISLAND	State New York	Zip Code 10312	Country United States
Description of Legacy, Devise or Other Interest REAL PROPERTY DEVISEE, PERSONAL PROPERTY BENEFICIARY, 8.3326% RESIDUARY BENEFICIARY			
Nature of Fiduciary Status (if applicable) NONE			

Name ANTONIA REBACK		Relationship granddaughter	
Domicile Address: Street and Number 10 TRICIA WAY			
City, Village or Town STATEN ISLAND	State New York	Zip Code 10307	Country United States
Description of Legacy, Devise or Other Interest REAL PROPERTY DEVISEE, PERSONAL PROPERTY BENEFICIARY, 8.3326% RESIDUARY BENEFICIARY			
Nature of Fiduciary Status (if applicable) none			

Name GIANNA SCARABAGGIO		Relationship GRANDDAUGHTER	
Domicile Address: Street and Number 813 STILLER LANE			
City, Village or Town MONROE	State NJ	Zip Code 08831	Country United States
Description of Legacy, Devise or Other Interest PERSONAL PROPERTY BENEFICIARY, 16.6696% RESIDUARY BENEFICIARY			
Nature of Fiduciary Status <i>(if applicable)</i> NONE			

Name DANIEL SCARABAGGIO		Relationship GRANDSON	
Domicile Address: Street and Number 31 OCEAN AVENUE			
City, Village or Town MIDDLETOWN	State NJ	Zip Code 07748	Country United States
Description of Legacy, Devise or Other Interest PERSONAL PROPERTY BENEFICIARY, 16.6696% RESIDUARY BENEFICIARY			
Nature of Fiduciary Status <i>(if applicable)</i> NONE			

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

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

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		Relationship	
Domicile Address: Street and Number			
City, Village or Town	State	Zip Code	Country
Description of Legacy, Devise or Other Interest			
Nature of Fiduciary Status <i>(if applicable)</i>			

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

Name NONE		Relationship	
Domicile Address: Street and Number			

City, Village or Town	State	Zip Code	Country
Description of Legacy, Devise or Other Interest			
Nature of Fiduciary Status (if applicable)			

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: [X] 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	\$	500,000.00
But less than	\$	900,000.00
Personal Property	\$	100,000.00
Improved Real Property in New York State	\$	800,000.00
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: [X] 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:

- [X] Letters Testamentary to: MIDGIE A. FAZIO
 [] Letters of Trusteeship to:
 [] Letters of Administration c.t.a. to:

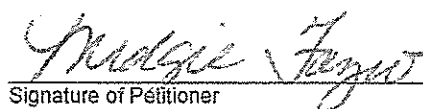
and that petitioner(s) have such other relief as may be proper.

[] Further relief sought (if any):

Dated: November 23, 2025

MIDGIE A. FAZIO

Print Name


 Signature of Petitioner

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is an individual

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

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 [X] 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: 170 Nancy Lane, STATEN ISLAND, New York 10307.

MIDGIE A. FAZIO

Print Name


Signature of Petitioner

On the 23rd day of ~~NOVEMBER~~ 2025, before me personally came MIDGIE A. FAZIO, 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 she executed the same.


Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

TERENCE MICHAEL HIGGINS
Notary Public, State of New York
No. 02HI6377605
Qualified in NASSAU County
Commission Expires 7/9/2026

Signature of Attorney

TERENCE M. HIGGINS, ESQ.

Firm Name

TERENCE M. HIGGINS, ESQ.

Print Name of Attorney

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