

NONE

number of survivors in each class. Insert "NO" in all prior classes. Insert "X" in all subsequent classes].

- [Must include marital, nonmarital, adopted, or adopted-out of child under DRL Section 117]**

[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**]

Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
Sanjay Saini	15 Shaheen Way, West Long Branch, NJ 07764	Executor/Distributee

Ravi Saini predeceased child with no issue: DOD 04-06-2023

[Furnish all information specified in NOTE following 7b]

NONE

NONE

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
Evan Saini	1187 Ocean Avenue, Sea Bright, NJ 07760	Successor Executor
Jared Saini	15 Shaheen Way, West Long Branch, NJ 07764	Successor Executor

(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 \$ 500,000.00 but less than \$ 1,100,000.00

Personal Property \$ 1,030,000.00 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: **[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 Sanjay Saini

☐ 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: 1-6-24

1. 

(Signature of Petitioner)

Sanjay Saini

(Print Name)

2. _____

(Signature of Petitioner)

(Print Name)

3. _____

(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

COMBINED VERIFICATION, OATH AND DESIGNATION

[For use when petitioner is an individual]

STATE OF NEW YORK _____)

COUNTY OF RICHMOND) ss.: _____

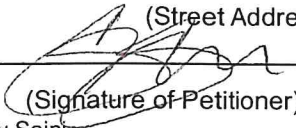
The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:

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 : 15 Shaheen Way, West Long Branch, NJ 07760
(Street Address) (City/Town/Village) (State) (Zip)


(Signature of Petitioner)
Sanjay Saini

(Print Name)

On January 6, 20 26, before me personally came
Sanjay Saini

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: Christina J. Pasaturo

Commission Expires: 10-3-2026

(Affix Notary Stamp or Seal)

Signature of Attorney: Christina Pasaturo

Print Name: Christina Pasaturo

Firm Name: Lenza Law Firm, PLLC

Tel No.: 347-273-1280

Email: Christina@lenzalawfirm.com

Address of Attorney: 1110 South Avenue, Suite 303, SI, NY 10314

P-1 (03/18)

CHRISTINA J. PASATURO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02PA6442001
Qualified in Richmond County
Commission Expires OCTOBER 3, 2026