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SURROGATE’S COURT OF THE STATE OF NEW YORK
COUNTY OF RICHMOND
----- X

ADMINISTRATION PROCEEDING,
Estate of

a/k/a

Deceased

PETITION FOR LETTERS OF:
☒ Administration
☐ Limited Administration
☐ Administration with Limitations
☐ Temporary Administration

File No. _____

----- X

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:

Name: PAUL REYNOLDS

Domicile: 58 ROMAN AVENUE STATEN ISLAND
(Street Address) (City/Town/Village)

RICHMOND NEW YORK 9174593624
(County) (State) (Zip) (Telephone Number)

Mailing address is: SAME
(if different from domicile)

Citizenship (check one): ☒ U.S.A. ☐ Other (specify) _____

Interest of Petitioner (check one):
[☒] Distributee of decedent (state relationship) SON
[☐] 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:
[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 [☐] and attach an affidavit explaining the reason for this inconsistency.]

Name: PATRICIA REYNOLDS

Domicile: 59 ROMAN AVENUE STATEN ISLAND
(Street Number) (City,Village/Town)

NEW YORK 10314
(State) (Zip Code)

Township of: _____ County of: RICHMOND

Date of Death: 12/18/2025 Place of Death: SIUH 375 SEGUINE AVE SI NY 10309

Citizenship: (check one): ☒ U.S.A. ☐ Other (specify) _____

[Note: For Items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3.(a) The estimated gross value of the decedent's personal property passing by intestacy is less than

\$ 400,000.00

(b) The estimated gross value of the decedent's real property, in this state, which is [✓] improved, [] unimproved, passing by intestacy is less than

\$ 400,000.00

A brief description of each parcel is as follows:

59 ROMAN AVENUE STATEN ISLAND NEW YORK 10314

(c) The estimated gross rent for a period of eighteen (18) months is the sum of \$ 27,000.00

(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: [Write "NONE" or state briefly the cause of action and the person against whom it exists, including names and carrier].

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 names(s) and address(es) of parent(s) in Paragraph 7. See EPTL5-4.4.

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 EPTL4-1.1 and 4-1.2:

- a. No Spouse(husband/wife).
- b. 2 Child or children or descendants of predeceased child or children. [Must include marital, nonmarital and adopted].
- c. X Any issue of the decedent adopted by persons related to the decedent (DRLSection117).
- d. X Mother/Father.
- e. X 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 and uncles (first cousins).
- h. X First cousins once removed (children of first cousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL4-1.1.State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office address and citizenship are as follows:

[Note: 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. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.16(b).

If any person listed in paragraph(7)is a non-marital person,or descended from an on marital person,attach a copy of the order affiliation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].

7a. The following are of full age and under no disability:[If non-marital or adopted-out person,so indicate by attaching Schedule A and/or B]

Name	Relationship	Domicile and Mailing Address	Citizenship
PAUL REYNOLDS	SON	58 ROMAN AVE STATEN ISLAND NY 10314	USA
BRIEN REYNOLDS	SON	1335 HAGEMANN AVE BURLINGTON IA 52601	USA

7b. The following are infants and/or persons under disability: [Attach applicable Schedule A, B, C, and/or D]

Name	Relationship	Domicile and Mailing Address	Citizenship
NONE			

8. There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

NONE

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

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested]

- ☐ 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 non-domiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- ☒ c. a decree award Letters of:

☒ Administration to PAUL REYNOLDS

☐ Limited Administration to _____

☐ Administration with Limitation to _____


☐ Temporary Administration to _____

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

- ☐ d. That the authority of the representative under the forgoing 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:

NONE
- ☐ f. [State any other relief requested.] _____

Dated: 1/2/2026

1. 

(Signature of Petitioner)

PAUL REYNOLDS

(Print Name)

2. _____

(Signature of Petitioner)

(Print Name)