

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____

Case Name: Estate of _____

Case Number: _____
(if known)

PETITION FOR ESTATE ADMINISTRATION

Original Amended (include brief explanation)

1. Petitioner name: _____

Mailing address: _____
Street City State Zip code

Telephone: _____ E-mail: _____

Petitioner was named executor in will of the deceased: Yes No

Relationship to decedent: _____

Petitioner is a New Hampshire resident.

Petitioner is not a New Hampshire resident. (If more than one Petitioner, and neither is a NH resident, an Appointment of Resident Agent form (NHJB-2120-Pe) must be filed with this Petition)

2. Petitioner name: _____

Mailing address: _____
Street City State Zip code

Telephone: _____ E-mail: _____

Petitioner was named executor in will of the deceased: Yes No

Relationship to decedent: _____

Petitioner is a New Hampshire resident.

Petitioner is not a New Hampshire resident. (If more than one Petitioner, and neither is a NH resident, an Appointment of Resident Agent form (NHJB-2120-Pe) must be filed with this Petition)

3. Attorney name: _____ Telephone: _____

Firm name: _____ Bar ID #: _____

Mailing address: _____
Street City State Zip code

4. Deceased name: _____ Date of Death: _____

Residence: _____
City State

5. Did the deceased die with a will? Yes No

5A. If yes, was the will executed in New Hampshire? Yes No

6. Was the will declared valid by a court during the life of the deceased? Yes No

6A. If yes, which court declared the will valid? _____
Name of court

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7. Petitioner asks to serve as: Executor (If will) Administrator (If NO will)
 Ancillary executor or administrator (If decedent was an out of state resident, but owned real estate in New Hampshire at the time of death and had an estate probated in another state)

8. Is there a named executor or previous administrator or executor who is unable to serve?
 Yes No If **yes** complete Section 8A-8B

8A. The name of executor or previous administrator/executor is:

_____ of _____
Name of executor or admin unable to serve City/State

The named executor or previous administrator or executor (referenced above) cannot serve or continue to serve because:

8B. If more than one, the named executor or previous administrator/executor unable to serve is:

_____ of _____
Name of executor or admin unable to serve City/State

The named executor or previous administrator or executor (referenced above) cannot serve or continue to serve because:

9. Is the petitioner requesting Waiver of Full Administration?

Yes No If **yes** complete Section 9A-9B

9A. Petitioner is requesting WAIVER OF ADMINISTRATION and if the deceased owned real estate in New Hampshire, list the location of the real estate, including the book and page numbers. (If more space is needed, attach additional pages)

_____ Street _____ City

and recorded in the County of _____ Book/Page _____ / _____

9B. An Assent to the Waiver of Full Administration (NHJB-3233-Pe) must be signed by all beneficially interested parties.

10. The deceased was not a resident of New Hampshire and at the time of death, the deceased owned real estate in the State of New Hampshire and the deceased did **not** have an estate probated in another state. (If more space is needed, attach additional pages)

Yes No If **yes** complete Section 10A

10A. At the time of death the deceased owned real estate located at:

_____ Street _____ City

and recorded in the County of _____ Book/Page _____ / _____

Authenticated copy of out-of-state Probate

11. The deceased was not a resident of New Hampshire and at the time of death, the deceased owned real estate in the State of New Hampshire and the estate was probated in another state. (If more space is needed, attach additional pages)

Yes No If **yes** complete Section 11A-11B

11A. At the time of death the deceased owned real estate located at:

_____ Street _____ City

and recorded in the County of _____ Book/Page _____ / _____

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11B. A copy of the probate (including will, if applicable) of the deceased duly authenticated by the court in the state where the estate is open must be mailed to the Estates Electronic Filing Center.

12. Complete sections 12A, 12B and 12C only if the deceased died **with a will**:

12A. List all persons and/or entities named in the will to inherit personal or real property that were living at the time of the decedent's death. (Do not list "contingent" beneficiaries in this section.) If the entity to inherit is a trust, list the name of the trust and trustee(s). (If more space is needed, attach additional pages)

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name of Entity: _____

Mailing address: _____
Street City State Zip code

Name of Trust: _____

Name of Trustee: _____

Mailing address: _____
Street City State Zip code

Name of Trustee (if more than one): _____

Mailing address: _____
Street City State Zip code

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12B. List any persons named in the will to inherit personal or real property that were not living at the time of the decedent's death. (If there is more than one deceased person named in the will or if more space is needed, attach additional pages)

Name: _____ Date of Death _____

12B(1). If the will requires a person to survive the decedent in order to inherit, list the contingent persons named in the will.

Name: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

12B(2). If the will does not require a person to survive the decedent in order to inherit, list the children of the deceased person named in the will who would have inherited under the will. (If any children of the deceased person named in the will were not alive when decedent died, list the children of that deceased child pursuant to RSA 551:12.) (If more space is needed, attach additional pages)

Name: _____ Under 18 y/o: Yes No

Relationship to deceased person who would have inherited: _____

Mailing address: _____
Street City State Zip code

Name: _____ Under 18 y/o: Yes No

Relationship to deceased person who would have inherited: _____

Mailing address: _____
Street City State Zip code

Name: _____ Under 18 y/o: Yes No

Relationship to deceased person who would have inherited: _____

Mailing address: _____
Street City State Zip code

Name: _____ Under 18 y/o: Yes No

Relationship to deceased person who would have inherited: _____

Mailing address: _____
Street City State Zip code

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12C. List the spouse and all known children of the decedent, not named in the will as a beneficiary to inherit. If any of these children were not alive at decedent's date of death, list the children of that deceased child (decedent's grandchildren). If any of these children were not alive at decedent's date of death, list the children of that deceased child (decedent's great-grandchildren). If any of these children were not alive at decedent's date of death, list the children of that deceased child (decedent's great-great-grandchildren). If none, list the parents of the decedent, if living. If neither parent is alive, list the decedent's brothers and sisters, if living, and the children of any deceased brothers and sisters. If any of the children of the deceased brothers or sisters are not living, list the children of that deceased child. If none, list the grandparent(s) of the decedent, if living. If none, list the decedent's aunts and uncles, if living, and the children of any deceased aunts and uncles. (If more space is needed, attach additional pages)

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

13. Complete sections 13A-13F only if the deceased died **without a will**:

13A. List the decedent's surviving spouse, if any.

Name Street/City/State/Zip code

13B. Does the surviving spouse have children who are not children of the marriage to the decedent AND who were not adopted by the decedent?

Yes No

13C. List all the children born of or adopted by the decedent who were living at the time of the decedent's death.

Name: _____

Child of surviving spouse: Yes No Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

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Name: _____

Child of surviving spouse: Yes No Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Child of surviving spouse: Yes No Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Child of surviving spouse: Yes No Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

13D. List all children born of or adopted by the decedent who were not living at the time of the decedent's death. (If there is more than one deceased child or if more space is needed, attach additional pages)

Name: _____ Date of Death _____

List the deceased child's surviving children, grandchildren, etc.
(If more space is needed, attach additional pages)

Name: _____

Relationship to deceased child: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to deceased child: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to deceased child: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

13E. If the decedent had no surviving children, grandchildren etc. (to the fourth degree of kinship) list the decedent's parent(s) if living at the time of the decedent's death.

Name Street/City/State/Zip code

Name Street/City/State/Zip code

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13F. If the decedent had no surviving spouse, parents or children, grandchildren etc. (to the fourth degree of kinship) list the decedent's brothers and sisters, if living, and the children and grandchildren of any deceased brothers and sisters. If none, list the grandparent(s) of the decedent, if living. If none, list the decedent's aunts and uncles, if living, and the children of any deceased aunts and uncles. (If more space is needed, attach additional pages)

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

Name: _____

Relationship to decedent: _____ Under 18 y/o: Yes No

Mailing address: _____
Street City State Zip code

14. The value of the estate of the deceased consists, as nearly as can be ascertained, of:

Real Estate (only if located in NH)..... \$ _____

Personal Estate \$ _____

Total amount of Estate \$ _____

- If you are filing an **ORIGINAL** Petition for Estate Administration the court will send copies to all interested parties to the addresses you provided above. (Do not send copies and do not complete the statement below certifying you are sending them)

OR

- If you are filing an **AMENDED** Petition for Estate Administration you must send copies and complete the statement below certifying you have done this.

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PETITION FOR ESTATE ADMINISTRATION

Complete this only if this is an **Amended** petition:

I state that on this date I am sending a copy of this document as required by the rules of the Circuit Court. I am electronically sending this document through the court’s electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

Bond Acknowledgment: If appointed, I understand the court may require a surety bond. If a bond is not required, I understand that it is my responsibility to manage all assets of the estate in a prudent manner. I further understand that if I fail to do so I may be held personally responsible up to the value of the assets of the estate.

**Signature Instructions: The signature area below is for Petitioner(s) only.
Attorneys representing Petitioner(s) do not sign here.**

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

_____	/s/ _____	_____
Petitioner Name	Petitioner Signature	Date
_____	_____	_____
Petitioner Address	City	State Zip code
_____	_____	_____
Petitioner Telephone	Petitioner E-mail	

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

_____	/s/ _____	_____
Co-Petitioner Name	Co-Petitioner Signature	Date
_____	_____	_____
Co-Petitioner Address	City	State Zip code
_____	_____	_____
Co-Petitioner Telephone	Co-Petitioner E-mail	

NOTE ONLY IF THIS IS AN ORIGINAL PETITION (not an Amended): FOR THIS FILING TO BE COMPLETE THE FOLLOWING MUST BE MAILED TO THE ESTATES ELECTRONIC FILING CENTER.

- A **CERTIFIED COPY OF THE DEATH CERTIFICATE**
- THE **ORIGINAL WILL AND ANY CODICILS (AMENDMENTS)** IF THE DECEASED DIED WITH A WILL

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Case Number: _____

PETITION FOR ESTATE ADMINISTRATION

FOR COURT USE

ORDER

- Request for Waiver of Full Administration is granted; certificate of appointment to be issued.
- Petition for administration is granted; certificate of appointment to be issued.
- Petition for administration is granted; certificate of appointment to be issued. Prior to issuance the Executor/Administrator is ordered to file with the court, within 30 days of this order, a corporate surety bond in the amount of \$
Failure to file the bond within 30 days may result in dismissal of the case.

Recommended:

Ordered by the Court: