THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Court Name:								
Case Name: Case Number:	Estate of							
(if known)								
	PERSONS OR ENTITIES (Sometimes referred to			_L				
Original								
Amended	(include brief explanation)							
Name of perso	n filing this form:							
living at the	sons and/or entities named in the e time of the decedent's death. (I o inherit is a trust, list the name o ges)	Do not list "continge	nt" beneficiaries	in this sec	ction.) If			
Name:								
Relationsh	ip to decedent:		Under 18 y/o:	☐ Yes	☐ No			
Mailing add								
	Street	City		State	Zip code			
Name:								
Relationsh	ip to decedent:		Under 18 y/o:	∐ Yes	∐ No			
Mailing add	dress: Street	City		State	Zip code			
Namo:	Street	•		State	Zip code			
·			Under 10 v/e	□ Voc				
	ip to decedent:		Under 18 y/o:	∐ Yes	∐ No			
ivialling add	dress: Street	City		State	Zip code			
Name:								
	ip to decedent:		Under 18 y/o:	☐ Yes	☐ No			
Mailing add			·	<u> </u>	_			
3	Street	City		State	Zip code			
Name:								
Relationsh	ip to decedent:		Under 18 y/o:	☐ Yes	☐ No			
Mailing add	dress:							
	Street	Citv		State	Zip code			

as	e Name: Estate of _							
PEF	SONS OR ENTITIES	S TO INHERIT UNDER THE WII	<u>LL</u>					
	Name of Entity:							
	Mailing address:							
		Street	City		State	Zip code		
	Name of Trustee	9:						
	Mailing address:	Street	City		State	Zip code		
	Name of Tructor		•		State	Zip code		
		e (if more than one):	_					
	Mailing address:	Street	City		State	Zip code		
)	List any persons	named in the will to inherit	,	operty that were		•		
•	time of the dece	dent's death. (If there is more						
	needed, attach add	,						
					<u></u>			
	2 (1). If the <u>will requires</u> a person to survive the decedent in order to inherit, list the contingent persons named in the will.							
	•			Under 10 v/e	□ Voo			
				Under 18 y/o:	∐ Yes	∐ No		
	Mailing address:	Street	City		State	Zip code		
	Name [.]		•	_		□No		
				•				
	Mailing address.	Street	City		State	Zip code		
	children of the de	does not require a person eceased person named in teceased person named in teceased child pursuant to	he will who would h he will were not ali	nave inherited un ve when deceder	der the wint died, lis	II (If any t the		
	pages)		, (
	Name:		_	Under 18 y/o:	☐ Yes	☐ No		
	Relationship to o	deceased person who would	d have inherited: _					
	Mailing address:	Street						
	C	Street	City		State	Zip code		
	Name:			Under 18 y/o:	☐ Yes	☐ No		
	Relationship to o	deceased person who would	d have inherited: _					
	Mailing address:	Street						
		Street	City		State	Zip code		
	Name:			Under 18 y/o:	Yes Yes	☐ No		
	Relationship to o	deceased person who would	d have inherited: _					
	Mailing address:							
	-	Street	City		State	Zip code		

Cas	se name: Estate of					
	se Number:					
PE	RSONS OR ENTITIES TO INHERIT UNDER T					
	Name:			-		∐ No
	Relationship to deceased person who	would have	e inherited:			
	Mailing address:		City			
_	Street	4.1	-		State	Zip code
3.	List the spouse and all known childrer inherit. If any of these children were not deceased child (decedent's grandchild date of death, list the children of that of these children were not alive at deceded (decedent's great-great-grandchildren parent is alive, list the decedent's brothers and sisters. If any of the children of that deceased child. If none, list the decedent's aunts and ur uncles. (If more space is needed, attach and the children of that decedent and the children of the	ot alive at dren). If and deceased of dent's date of the dren of the none, list tadditional particles, if livitadditional particles.	decedent's dament of these child (decedent of death, list the parents sisters, if living the deceased browned the grandparent of the characters).	te of death, list the ldren were not all the children of the sof the decedent, and the children of the others or sisters at (s) of the decedent.	ne childrentive at dechildren). If at deceased, if living. In of any deare not livingent, if living.	of that edent's any of ed child If neither eceased ng, list eg. If
	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:		City		State	Zip code
			City		State	Zip code
	Name:			Llosday 40/a.	□ v ₂ ,	
	Relationship to decedent:			Under 18 y/o:	∐ Yes	∐ No
	Mailing address:		City		State	Zip code
	Name		•		Olalo	21p 0000
				Under 18 y/o:	☐ Yes	
	Relationship to decedent:			Officer 16 y/o.	☐ 162	∐ No
	Mailing address: Street		City		State	Zip code
Cir all	I state that on this date I am sending a cuit Court. I am electronically sending attorneys and to all other parties who hathis case. I am mailing or hand-deliveri	this docum ave enterent ng copies	nis document a nent through the ed electronic se to all other inte	e court's electron ervice contacts (e erested parties.	e rules of t nic filing sy email addr	the ystem to
Nar	me of Filer	/8	Signature of Fi	ler		Date
Lav	w Firm, if applicable Bar ID # of at	torney	Telephone			
Add	dress		E-mail			
City	y State Zi	o code				
-,	,					

Case Name: Estate of					
Case Number:					
PERSONS OR ENTITIES 1	O INHERIT UN	IDER THE WILI	L		
			/s/		
Name of Filer				Signature of Filer	Date
Law Firm, if applicable	Bar ID	# of attorney		Telephone	
Address				E-mail	
City	State	Zip code			