

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name: _____

Case Name: Estate of _____

Case Number: _____
(if known)

MOTION TO DETERMINE THAT AN ESTATE IS INSOLVENT
(RSA 554:19-b)

1. Executor/Admin name: _____ Telephone: _____

Mailing address: _____
Street City State Zip code

Executor/Admin name: _____ Telephone: _____

Mailing address: _____
Street City State Zip code

2. Attorney name: _____ Telephone: _____

Firm name: _____ Bar ID #: _____

Mailing address: _____
Street City State Zip code

3. Value of estate assets

Real estate value (as of the date of death) \$ _____

Personal estate value (as of the date of death) \$ _____

Trust value available to satisfy creditors and claims \$ _____

Total Value of Estate and Trust Assets \$ _____

4. List the name and address of each known creditor and amount of each claim, and all administrative expenses. (Attach additional pages if necessary.)

4A. CREDITOR'S (List name and address of each creditor)

AMOUNT OF CLAIM

Name

Street/City/State/Zip code

\$ _____

Name

Street/City/State/Zip code

\$ _____

Name

Street/City/State/Zip code

\$ _____

Name

Street/City/State/Zip code

\$ _____

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4B. ADMINISTRATIVE EXPENSES (List each expense)	AMOUNT OF EXPENSE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
4C. Total (Estate debts and administrative expenses)	\$ _____

Based on the total value of the estate and list of debts and expenses of the estate, I request that the court allow the estate to be administered as insolvent.

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

**Signature Instructions: The signature area below is for Executor/Admin(s) only.
Attorneys representing Executor/Admin(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.

_____ Executor/Admin Name	/s/	_____ Executor/Admin Signature	_____ Date
_____ Executor/Admin Address		_____ City	_____ State
_____ Executor/Admin Telephone		_____ Executor/Admin 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.

_____ Executor/Admin Name	/s/	_____ Executor/Admin Signature	_____ Date
_____ Executor/Admin Address		_____ City	_____ State
_____ Executor/Admin Telephone		_____ Executor/Admin E-mail	

IMPORTANT NOTICE TO BENEFICIALLY INTERESTED PERSONS

This motion may be approved by the Probate Division unless a written objection, containing the specific factual or legal basis for the objection, is filed within 10 days after the date the motion is filed in the Probate Division. Failure to file an objection may forfeit your right to a hearing concerning the motion or your objection, and the Probate Division may then act without a hearing or any further notice to you.

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MOTION TO DETERMINE THAT AN ESTATE IS INSOLVENT

FOR COURT USE

ORDER

Motion is granted. All actions and suits against the deceased or the administrator of the estate shall be stayed.

Executor/Administrator shall file a Motion for Distribution of Insolvent Estate (**NHJB-2668-Pe**) no sooner than 6 months after Executors/Administrator date of appointment

Filing of inventory is waived not waived

Filing of account(s) is waived not waived

Motion is denied.

Recommended:

Ordered by the Court: