

STATE OF VERMONT

SUPERIOR COURT

[Empty box for court name]

Unit

PROBATE DIVISION

Docket No. _____

In re ESTATE OF

Decedent [Empty box]

PETITION TO OPEN SMALL ESTATE [14 V.S.A. Ch. 81]

Decedent [Empty box]

was a resident of

Town and State [Empty box]

and died on [Empty box] Date of death / /

leaving personal property valued at \$10,000 or less and no real estate.

Decedent is survived by: Check all that apply

- Surviving spouse; Children (natural or adopted); Parents; None of the above

Decedent left:

- no known Last Will and Testament OR Last Will and Testament dated Codicil(s) to the Will, if any, dated

Attached are:

- Entry fee of [Empty box] payable to "Vermont Superior Court" [see instructions]
Certified copy of the death certificate
List of Interested Persons [Probate Form 2]
ORIGINAL Will and any Codicils (if any)
Notarized inventory of assets at cash value as of the date of death [Probate Form 30]
Copy of paid funeral bill (or bond as required by the Court).

Petitioner requests a small estate be opened and the following named person be appointed to administer the estate:

Table with 2 columns: Proposed Executor/Administrator, Mailing Address, Telephone Number, Email, City, State, Zip

[] this is the person named as executor in the Will.

ACCEPTANCE OF APPOINTMENT

I accept the appointment as Executor/Administrator and ask that the appointment documents be issued to me at the address above.

DATE _____ SIGNED _____

CONSENT OF INTERESTED PERSONS

We, the heirs at law of the decedent, consent to the Allowance of the Will, if any, the Petition to Open Decedent's Estate and the appointment of the above as Executor/Administrator.

Unless all heirs consent to the allowance of the Will, if any, and the appointment of the above named as Executor/Administrator, the Court will hold a hearing.

Signature	Print Name	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PETITIONER SIGNATURE: _____

DATE: _____

Petitioner name - IF NOT EXECUTOR/ADMINISTRATOR NAMED ABOVE	
Mailing Address	
City, State, Zip	
Telephone Number	Email