STATE OF VERMONT

SUPERIOR COURT **PROBATE DIVISION**

Unit **Docket No.**

In re ESTATE of:

PETITION TO OPEN DECEDENT'S ESTATE

_____ was a resident of _____
Decedent *Town/State*

and died on _____ leaving assets to be administered with estimated values of:

Real Estate	$_____
Personal Estate	$_____
Total	$_____

Decedent left:
- ☐ **no** known Last Will and Testament **OR**
- ☐ Last Will and Testament dated _____
- ☐ Codicil(s) to the Will, if any, dated _____

Attached are:
1. Entry fee; checks or money orders payable to Vermont Superior Court
2. Certified copy of the death certificate
3. List of Interested Persons (form 700-00002)
4. **ORIGINAL** Will and any Codicils (if any)
5. *For Ancillary (out-of-state) estate, include **authenticated copy** of Will and probate from decedent's primary estate.*

Petitioner requests that the Will, if any, be allowed and an estate be opened and the following named person be appointed to administer the estate:

_____
Proposed Executor/Administrator

_____
Mailing Address

_____
Telephone/Email

☐ 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 *Signature of Executor/Administrator*

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.

I acknowledge I have been served with the Petition to Open Decedent's Estate in the above entitled action, including all papers referred to in the Petition. I waive the right to object to any action of the Court, regarding the Petition referred to above, and I waive the requirements for a Hearing regarding such Petition.

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

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

_____ _____

Date *Signature of Petitioner – IF NOT EXECUTOR.ADMINISTRATOR NAME ABOVE*

_____ _____

Mailing Address *Telephone/Email*

Signed and sworn to before me:

Date	Signature of Notary Public	Expiration Date