

**IN THE ORPHANS' COURT FOR  
(OR)  
BEFORE THE REGISTER OF WILLS FOR \_\_\_\_\_, MARYLAND**

**IN THE ESTATE OF:**

**ESTATE NO.** \_\_\_\_\_

FOR:

**REGULAR ESTATE  
PETITION FOR ADMINISTRATION**  
Estate value in excess of \$50,000.  
(If spouse is sole heir or legatee, \$100,000.)  
  
Complete and attach **Schedule A.**

**SMALL ESTATE  
PETITION FOR ADMINISTRATION**  
Estate value of \$50,000 or less.  
(If spouse is sole heir or legatee, \$100,000.)  
  
Complete and attach **Schedule B.**

**WILL OF NO ESTATE  
Complete items 2 and 9**

**LIMITED ORDERS  
Complete item 2 and  
attach Schedule C**

**NOTE:** For the purpose of computing whether an estate qualifies as a small estate, value is determined by the fair market value of property less debts of record secured by the property as of the date of death, to the extent that insurance benefits are not payable to the lien holder or secured party for the secured debt. See Code, Estates and Trusts Article, §5-601 (d).

The Petition of:

|      |         |
|------|---------|
| Name | Address |
| Name | Address |
| Name | Address |

Each of us states:

1. I am (a) at least 18 years of age and either a citizen of the United States or a permanent resident of the United States who is the spouse or registered domestic partner of the decedent, an ancestor of the decedent, a descendant of the decedent, or a sibling of the decedent or (b) a trust company or any other corporation authorized by law to act as a personal representative.
2. The Decedent, \_\_\_\_\_, was domiciled in \_\_\_\_\_, State of \_\_\_\_\_ and died on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, at \_\_\_\_\_  
(County)  
(place of death)
3. If the decedent was not domiciled in this county at the time of death, this is the proper office in which to file this petition because: \_\_\_\_\_
4. I am entitled to priority of appointment as personal representative of the decedent's estate pursuant to §5 -104 of the Estates and Trusts Article, Annotated Code of Maryland because: \_\_\_\_\_
5. I am mentally competent.
6. I am not a disqualified person because of feloniously and intentionally killing, conspiring to kill, or procuring the killing of the decedent.

7. (Check one of the following boxes)

- I have not been convicted of fraud, extortion, embezzlement, forgery, perjury, theft or any other serious crime that reflects adversely on my honesty, trustworthiness, or fitness to perform the duties of a personal representative or
- I was convicted of such a crime, namely \_\_\_\_\_, in \_\_\_\_\_ (year), but the following good cause exists for me to be appointed as personal representative \_\_\_\_\_

8. I am not excluded otherwise by law from serving as a personal representative.

9. I have made a diligent search for the decedent's will and to the best of my knowledge:

- none exists; or
- the will dated \_\_\_\_\_ (including codicils, if any, dated \_\_\_\_\_)

accompanying this petition is the last will and it came into my hands in the following manner:

\_\_\_\_\_  
\_\_\_\_\_

and the names and last known addresses of the witnesses are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Other proceedings, known to petitioner, regarding the decedent or the estate are as follows:

\_\_\_\_\_  
\_\_\_\_\_

11. If appointed, I accept the duties of the office of personal representative and consent to personal jurisdiction in any action brought in this State against me as personal representative or arising out of the duties of the office of personal representative.

**WHEREFORE**, I request appointment as personal representative of the decedent's estate and the following relief as indicated:

- that the will and codicils, if any, be admitted to administrative probate;
- that the will and codicils, if any, be admitted to judicial probate;
- that the will and codicils, if any, be filed only;
- that only a limited order be issued;
- that the following additional relief be granted: \_\_\_\_\_

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Telephone Number (optional)

**IN THE ORPHANS' COURT FOR**  
**(OR)** \_\_\_\_\_, **MARYLAND**  
**BEFORE THE REGISTER OF WILLS FOR**

**IN THE ESTATE OF:** \_\_\_\_\_ **ESTATE NO.** \_\_\_\_\_

**SCHEDULE - B**  
**Small Estate - Assets and Debts of the Decedent**

1. I have made a diligent search to discover all property and debts of the decedent and set forth below are:
- (a) A listing of all real and personal property owned by the decedent, individually or as tenant in common, and of any other property to which the decedent or estate would be entitled, including descriptions, values, and how the values were determined:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) A listing of all creditors and claimants and the amounts claimed, including secured, contingent and disputed claims:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Allowable funeral expenses are \_\_\_\_\_; statutory family allowances are \_\_\_\_\_; and expenses of administration claimed are \_\_\_\_\_.
3. Attached is a List of Interested Persons.
4. After the time for filing claims has expired, subject to the statutory order of priorities, and subject to the resolution of disputed claims by the parties or the court, I shall (a) pay all proper claims made pursuant to Code, Estates and Trusts Article, §8-104 in the order of priority set forth in Code, Estates and Trusts Article, §8-105, expenses, and allowances not previously paid; (b) if necessary, sell property of the estate in order to do so; and (c) distribute the remaining assets of the estate in accordance with the will or, if none, with the intestacy laws of this State.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number (optional)

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Email Address