

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 _____, _____ (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

Petitioner Date

Address

Petitioner Date

Address

Petitioner Date

Telephone Number

Facsimile Number

Telephone Number (optional)

Email Address

IN THE ORPHANS' COURT FOR
(OR) _____, MARYLAND
BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF:

ESTATE NO. _____

SCHEDULE - A
Regular Estate
Estimated Value of Estate and Unsecured Debts

Personal property (approximate value)		
Real Property (approximate value)		
Value of property subject to:		
(a) Direct Inheritance Tax of _____ %		
(b) Collateral Inheritance Tax of _____ %		
Unsecured Debts (approximate amount)		

Attorney

Petitioner Date

Address

Petitioner Date

Telephone Number

Petitioner Date

Facsimile Number

Telephone Number (optional)

Email Address

(FOR REGISTER'S USE)

Safekeeping Wills _____ Custody Wills _____

Bond Set \$ _____ Deputy _____

IN THE ORPHANS' COURT FOR
(OR) _____, MARYLAND
BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF:

ESTATE NO. _____

LIST OF INTERESTED PERSONS

Name (and age if under 18 years)	Last Known Address including Zip Code	Specify: Heir/Legatee/ Personal Representative	Relationship to Decedent

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/Personal Representative	Date
Address	Petitioner/Personal Representative	Date
Telephone Number	Petitioner/Personal Representative	Date
Facsimile Number		
Email Address		

Instructions:

1. Interested persons include decedent's heirs (surviving spouse, registered domestic partner, children, and other persons who would inherit if there were no will) and, if decedent died with a will, the personal representative named in the will and all legatees (persons who inherit under the will). All heirs must be listed even if decedent dies with a will.
2. This list must be filed (a) within 20 days after appointment of a personal representative under administrative probate or (b) at the time of filing a Petition for Judicial Probate or a Petition for Administration of a Small Estate.

NOMINAL BOND OF PERSONAL REPRESENTATIVE

As of this _____ day of _____, _____,

personal representative of the Estate of _____,

as principal and _____

as surety are obligated to the State of Maryland in the sum of _____ Dollars.

This obligation shall be void if the personal representative pays from the estate the debts due by the decedent, the Maryland inheritance tax, court costs and register's fees.

SIGNED, SEALED, AND DELIVERED IN THE PRESENCE OF:

(Date) _____ (SEAL)

Address _____

(Date) _____ (SEAL)

Address _____

(Date) _____ (SEAL)

Address _____

Surety: _____ (SEAL)

By: _____

BOND OF PERSONAL REPRESENTATIVE

As of this _____ day of _____, _____,

personal representative of the Estate of _____,
as principal and _____
as surety are obligated to the State of Maryland for the benefit of all interested persons and creditors in the sum of
_____ Dollars.

If the personal representative shall perform the duties of the office of the personal representative of the estate of the
decedent according to law, and in all respects shall discharge the duties without any injury or damage to any person
interested in the faithful performance of the office, then the obligation shall be void.

SIGNED, SEALED, AND DELIVERED IN THE PRESENCE OF:

(Date) _____ (SEAL)
Address _____

(Date) _____ (SEAL)
Address _____

(Date) _____ (SEAL)
Address _____

Surety: _____ (SEAL)

By: _____

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

IN THE ESTATE OF: _____ **ESTATE NO.** _____

WAIVER OF BOND

We, interested persons with respect to the Estate of _____,
consent that _____
shall serve as personal representative without a bond except as required by law.

DATE	SIGNATURE	NAME (typed or printed)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney

Address

Telephone Number

Facsimile Number

Email Address

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

IN THE ESTATE OF: _____ **ESTATE NO.** _____

**CONSENT TO APPOINTMENT OF
PERSONAL REPRESENTATIVE**

I, _____, the personal representative named in
the will **OR** I, _____, ask the court or register to appoint
(state name and relationship to decedent or other basis for appointment)
_____ instead of me to serve as personal representative. I
consent to that appointment. I understand that if _____
is so appointed I may not withdraw this consent so long as _____
remains personal representative, except upon a showing of good cause.

I, _____, further

consent that _____ shall serve
as personal representative without a bond, except as required by law, or

do not consent that _____ shall serve
as personal representative without a bond.

DATE	SIGNATURE	NAME (typed or printed)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney

Address

Address

Telephone Number

Facsimile Number

Email Address

(FILE IN DUPLICATE)

(name and address of attorney)

**NOTICE OF APPOINTMENT
NOTICE TO CREDITORS
NOTICE TO UNKNOWN HEIRS**

To all persons interested in the estate of

ESTATE NO. _____

Notice is given that: (name and address)

was on _____ appointed Personal Representative of the estate of: _____
(date)

who died on _____ (with) (without) a will.
(date)

Further information can be obtained by reviewing the estate file in the office of the Register of Wills or by contacting the personal representative or the attorney.

All persons having any objection to the appointment (or to the probate of the decedent's will) shall file their objections with the Register of Wills on or before the _____ day of _____, _____.
(6 months from date of appointment)

Any person having a claim against the decedent must present the claim to the undersigned personal representative or file it with the Register of Wills with a copy to the undersigned on or before the earlier of the following dates:

- (1) Six months from the date of the decedent's death; or
- (2) Two months after the personal representative mails or otherwise delivers to the creditor a copy of this published notice or other written notice, notifying the creditor that the claim will be barred unless the creditor presents the claims within two months from the mailing or other delivery of the notice. A claim not presented or filed on or before that date, or any extension provided by law, is unenforceable thereafter. Claim forms may be obtained from the Register of Wills.

Name of newspaper designated by personal representative: _____

Personal Representative

Date of publication: _____

Personal Representative

Personal Representative

True Test Copy

Name and Address of Register of Wills for

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

IN THE ESTATE OF: _____ **ESTATE NO.** _____

APPOINTMENT OF RESIDENT AGENT

I appoint _____ as my resident agent on whom service of process may be made with the same effect as if it were served on me personally in the State of Maryland. This appointment shall remain in effect until the filing of a subsequent Appointment of Resident Agent.

Date: _____
Personal Representative _____

I am a Maryland resident and accept the appointment as resident agent.

Resident Agent

Address

Telephone Number

Attorney

Address

Telephone Number

Facsimile Number

Email Address

IN THE ORPHANS' COURT FOR

(OR)

_____, MARYLAND

BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF:

ESTATE NO. _____

WAIVER OF NOTICE

I waive notice that would otherwise be required by law or rule to be sent to me in this estate regarding the matters indicated:

- | | |
|--|--|
| <input type="checkbox"/> Notice of Judicial Probate | <input type="checkbox"/> Notice of Removal of Personal Representative |
| <input type="checkbox"/> Register's Notice to Interested Persons | <input type="checkbox"/> Notice of Petition for Termination of Personal Representative's Appointment |
| <input type="checkbox"/> Notice of Proposed Payment to Personal Representative | <input type="checkbox"/> Notice of Filing of Account |
| <input type="checkbox"/> Notice of Proposed Payment to Attorney | <input type="checkbox"/> Notice of Petition for Partition or Sale of Property |
| <input type="checkbox"/> Notice of Personal Representative's Intention to Resign | <input type="checkbox"/> Other: _____ |

(describe specifically)

By signing this waiver, I understand that it will not be necessary for the personal representative or any other person required to do so to give notice to me of any of the matters indicated above.

I UNDERSTAND THAT I AM GIVING UP THE IMPORTANT RIGHT TO BE INFORMED OF THE PROGRESS OF THE ESTATE AS TO THE MATTERS INDICATED. I ALSO UNDERSTAND THAT I MAY FILE WITH THE REGISTER A REVOCATION OF THIS WAIVER OF NOTICE BUT THE REVOCATION WILL APPLY ONLY AFTER IT IS FILED AND SERVED ON THE PERSONAL REPRESENTATIVE.

Attorney

Signature

Date

Address

Print Name

Address

Telephone Number

Facsimile Number

Email Address

Certificate of Service

I hereby certify that on this _____ day of _____, _____, I delivered or mailed, postage prepaid, a copy of this Waiver of Notice to:

Signature

Print Name