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**DO NOT LEAVE ANY ITEMS BLANK**

**SURROGATE'S COURT OF THE STATE OF NEW YORK  
 COUNTY OF DUTCHESS**

-----X **PETITION FOR LETTERS OF:**  
 ADMINISTRATION PROCEEDING, **( X ) Administration**  
 Estate of **( ) Limited Administration**  
**BENJAMIN D. LEVIN, II** **( ) Administration with**  
**Deceased.** **( ) Temporary Administration**

-----X File No.: \_\_\_\_\_  
**TO THE SURROGATE'S COURT, COUNTY OF DUTCHESS**

It is respectfully alleged:

- The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Name: **BENJAMIN D. LEVIN, III**  
 Domicile or Principal Office: **1 LINCOLN CENTER, APT. 21E**  
 (Street and Number)  
**NEW YORK** **NY** **10023**  
 (City, Village or Town) (State) (Zip Code)  
 Mailing Address: \_\_\_\_\_  
 (If different from domicile)

Citizenship (check one):  U.S.A.  Other (specify)

Interest of Petitioner (check one):

Distributee of decedent (state relationship) **Son**  
 Other (specify): \_\_\_\_\_

Is proposed Administrator an attorney?  Yes  No

[If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows: **[The Death Certificate must be filed with this proceeding.** If the decedent's domicile is different from that shown on the death certificate, check box and attach an affidavit explaining the reason for this inconsistency.]

Name: **BENJAMIN D. LEVIN, II**  
Domicile: **32 OLD FOXOM ROAD** **PAWLING**  
(Street Number) (City, Village/Town)  
**NEW YORK** **12564**  
(State) (Zip Code)  
Township of: **N/A** County of: **DUTCHESS**  
Date of Death: **JULY 6, 2017** Place of Death: **32 OLD FOXOM ROAD**  
Citizenship: (check one): ( **X** ) U.S.A. ( ) Other (specify)

**[Note: For Items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]**

3. (a) The estimated gross value of the decedent's personal property passing by intestacy is less than **\$500,000**

(b) The estimated gross value of the decedent's real property, in this state, which is ( ) improved, ( ) unimproved, passing by intestacy is less than **\$-0-**

A brief description of each parcel is as follows:

(c) The estimated gross rent for a period of eighteen (18) months is the sum **\$-0**

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: **[Write "NONE or state briefly the cause of action and the person against whom it exists, including names and carrier].**

**NONE**

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here  and furnish names(s) and address(es) of parent(s) in Paragraph 7. See EPTL 5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) (has) (have) been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2:

- a. (No) Spouse (husband/wife).
- b. ( 2 ) Child or children or descendants of predeceased child or children. **[Must include marital, nonmarital and adopted].**
- c. ( X ) Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. ( X ) Mother/Father.
- e. ( X ) Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. ( X ) Grandmother/Grandfather.
- g. ( X ) Aunts or uncles, and children of predeceased aunts and uncles (first cousins).
- h. ( X ) First cousins once removed (children of first cousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State “number” of survivors in each class. Insert “No” in all prior classes. Insert “X” in all subsequent classes].

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office address and citizenship are as follows:

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death, and relationship of the ancestor to the decedent. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.16(b). If any person listed in paragraph (7) is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].

7a. The following are of full age and under no disability: [If nonmarital or adopted-out person, so indicate by attaching Schedule A and/or B]

<u>Name</u>	<u>Relationship</u>	<u>Domicile and Mailing Address</u>	<u>Citizenship</u>
<b>Benjamin D. Levin, III</b>	<b>Son</b>	<b>1 Lincoln Center, Apt. 21E New York, NY 10023</b>	<b>USA</b>
<b>Jacob Levin</b>	<b>Son</b>	<b>64 Chester Street Hamden, CT 06514</b>	<b>USA</b>

7b. The following are infants and/or persons under disability: [Attach applicable Schedule A, B, C, and/or D]

<u>Name</u>	<u>Relationship</u>	<u>Domicile and Mailing Address</u>	<u>Citizenship</u>
<b>NONE</b>			

8. There are no outstanding debts or funeral expenses, except: [Write “NONE” or state same]

**NONE**

9. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

requested] **WHEREFORE**, your petitioner respectfully prays that: [Check and complete all relief

- ( X ) a. Process issue to all necessary parties to show cause why letters should not be issued as requested;
- ( X ) b. an order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are non-domiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- ( ) c. a decree award Letters of:
  - ( X ) Administration to: **BENJAMIN D. LEVIN, III**
  - ( ) Limited Administration to: \_\_\_\_\_
  - ( ) Administration with Limitation to: \_\_\_\_\_
  - ( ) Temporary Administration to: \_\_\_\_\_

or to such other person or persons having a prior right as may be entitled thereto, and;

- ( ) d. That the authority of the representative under the forgoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.
- ( ) e. That the authority of the representative under the foregoing Letters be limited as follows:

**NONE**
- ( ) f. [State any other relief requested.]

Dated: August 1, 2017

1. /s/ \_\_\_\_\_  
(Signature of Petitioner)  
**BENJAMIN D. LEVIN, III**  
(Print Name)

STATE OF NEW YORK            ) ss:  
COUNTY OF DUTCHESS        )

**COMBINED VERIFICATION, OATH AND DESIGNATION**  
**[For use when petitioner is to be appointed administrator]**

I, the undersigned the petitioner named in the foregoing petition, being duly sworn, say:

1. **VERIFICATION:** I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. **OATH OF ADMINISTRATOR** as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. **DESIGNATION OF CLERK FOR SERVICE OF PROCESS:** I do hereby designate the Clerk of the Surrogate's Court of **DUTCHESS** County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is :                    **1 LINCOLN CENTER, APT. 21E**  
  (Street and Number)  
  **NEW YORK**    **NY**    **10023**  
  (City, Village or Town)    (State)    (Zip Code)

/s/ \_\_\_\_\_  
Signature of Petitioner  
**BENJAMIN D. LEVIN, III**  
Print Name

On this 1<sup>st</sup> day of August, 2017, before me, the undersigned, a Notary Public in and for said State, personally came **BENJAMIN D. LEVIN, III** personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in her capacity, and that by hisr signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

/s/ \_\_\_\_\_  
Notary Public  
Commission Expires: \_\_\_\_\_  
Affix Notary Stamp or Seal:

Print Name:                            Vincent L. Teahan, Esq.    Tel No. (845) 677-2101  
Firm Name:                            Teahan & Constantino  
Address of Attorney:                41 Front Street, Suite A, P.O. Box 1181  
  Millbrook, NY 12545

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
ADMINISTRATION PROCEEDING,  
Estate of

**BENJAMIN D. LEVIN, II**

Deceased.

-----X

**SCHEDULE A**  
**NONMARITAL PERSONS**  
**(PERSONS BORN OUT OF**  
**WEDLOCK)**

File No.: \_\_\_\_\_

[NOTE: Nonmarital children (or their issue) who would be distributees if they (or their ancestors) were born in wedlock will not be regarded as distributees unless satisfactory proof is submitted establishing paternity]. See EPTL 4-1.2 which sets forth methods of establishing paternity.

Name of alleged distributee: **N/A**

Date of birth: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Name of father: \_\_\_\_\_

Name of mother: \_\_\_\_\_

Does the birth certificate contain the father's name? Yes ( ) No ( )

If yes, attach copy of birth certificate.

Has an order of filiation establishing paternity been entered?

Yes ( ) No ( ) If yes, attach copy of order.

Did the nonmarital person live with his or her father? Yes ( ) No ( )

If yes, give dates and places of residence: \_\_\_\_\_

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
ADMINISTRATION PROCEEDING,  
Estate of

**SCHEDULE C**  
**INFANTS**

**BENJAMIN D. LEVIN, II**

File No.: \_\_\_\_\_

Deceased.

-----X

[NOTE: Please furnish all of the information requested, otherwise the petition may be rejected.]

Name: N/A Date of birth: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_

With whom does the infant reside? \_\_\_\_\_

Name of mother: \_\_\_\_\_ Is she alive? \_\_\_\_\_

Name of Father: \_\_\_\_\_ Is he alive? \_\_\_\_\_

Does infant have a court-appointed guardian? Yes ( ) No ( )

If yes, name and address of guardian: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_

With whom does the infant reside? \_\_\_\_\_

Name of mother: \_\_\_\_\_ Is she alive? \_\_\_\_\_

Name of Father: \_\_\_\_\_ Is he alive? \_\_\_\_\_

Does infant have a court-appointed guardian? Yes ( ) No ( )

If yes, name and address of guardian: \_\_\_\_\_

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X

ADMINISTRATION PROCEEDING,  
Estate of

**BENJAMIN D. LEVIN, II**

Deceased.

-----X

**SCHEDULE D**  
PERSONS UNDER DISABILITY  
OTHER THAN INFANTS

File No.: \_\_\_\_\_

[use additional sheets if more than one]

1. Name: N/A Relationship: \_\_\_\_\_

Residence: \_\_\_\_\_

With whom does this person reside? \_\_\_\_\_

If this person is in prison, name of prison: \_\_\_\_\_

Does this person have a court-appointed fiduciary? Yes ( ) No ( )

If yes, give name, title and address:

If no, describe nature of disability:

If no, give name and address of relative or friend interested in his or her welfare:

2. Whereabouts unknown/Unknowns [persons whose addresses or names are unknown to petitioner;  
if known, give name and relationship to decedent]



SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
ADMINISTRATION PROCEEDING,  
Estate of  
  
**BENJAMIN D. LEVIN, II**  
  
Deceased.  
-----X

**WAIVER OF CITATION,  
RENUNCIATION AND CONSENT  
TO APPOINTMENT OF  
ADMINISTRATOR  
(INDIVIDUAL)**

File No.: \_\_\_\_\_

The undersigned, a distributee or creditor of the above named decedent and being of full age and sound mind hereby voluntarily appears in the Surrogate's Court of **DUTCHESS COUNTY**, New York and waives the issuance and service of citation in this matter, renounces all right to Letters of Administration of the above captioned estate and consents that

- Letters of Administration
- Letters of Administration with Limitations
- Limited Letters of Administration

be issued to **BENJAMIN D. LEVIN, III** or any other person or persons entitled thereto without any notice whatsoever to the undersigned, and consents

- that a bond be dispensed with and hereby specifically release any claim I might have under any bond that may be filed
- that a bond in the amount of \$\_\_\_\_\_ be posted

**08/02/17**      /s/ \_\_\_\_\_  
Date                      Signature  
                                 **Jacob Levin**  
                                 Print Name

**64 Chester Street**      **Son**  
Street Address                      Relationship  
**Hamden, CT 06514**  
Town/State/Zip

STATE OF CONNECTICUT      ) s.s.  
COUNTY OF NEW HAVEN      )

On August 2, 2017, before me personally came **Jacob Levin** to me known and known to me to be the person described in and who executed the foregoing waiver and consent and each duly acknowledged the execution thereof in Hamden, Connecticut.

/s/ \_\_\_\_\_  
Notary Public  
Commission Expires: \_\_\_\_\_  
Affix Notary Stamp or Seal:

Print Name:                      Vincent L. Teahan, Esq.  
Firm Name:                      Teahan & Constantino LLP  
Address of Attorney:        41 Front Street, Suite A, P.O. Box 1181  
   Millbrook, NY 12545  
Tel No. (845) 677-2101

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
ADMINISTRATION PROCEEDING,  
Estate of

**BENJAMIN D. LEVIN, II**

Deceased.  
-----X

**NOTICE OF APPLICATION FOR  
LETTERS OF ADMINISTRATION  
(SCPA 1005)**

File No.: \_\_\_\_\_

Notice is Hereby Given That:

- (1) an application for Letters of Administration upon the estate of the above-named decedent, has been made by **BENJAMIN D. LEVIN, III**, petitioner, whose post office address is: **1 LINCOLN CENTER, APT. 21E, NEW YORK, NY 10023**
- (2) each and every name of the intestate decedent known to the undersigned is as indicated in the above caption.
- (3) petitioner prays that a decree be made directing the issuance of Letters of Administration to **BENJAMIN D. LEVIN, III**.
- (4) the name and post office address of each and every distributee of the above-named decedent, as set forth in the petition and known to the undersigned, are as follows:
  - (a) Distributees who have been duly cited, have waived citation or have appeared in this proceeding:

Name of Distributee

Domicile and Post Office Address

**Benjamin D. Levin, III**

**1 Lincoln Center, Apt. 21E  
New York, NY 10023**

**Jacob Levin**

**64 Chester Street  
Hamden, CT 06514**

- (b) Other Distributees:

Name of Distributee

Domicile and Post Office Address

**NONE**

- (5) That the undersigned does not know of any other distributees of the said decedent.
- (6) That Letters of Administration will issue on or after August 4, 2017.

Dated: August 4, 2017

/s/ \_\_\_\_\_  
Signature of Petitioner or Attorney

Print Name: Vincent L. Teahan, Esq.  
Firm Name: Teahan & Constantino LLP  
Address of Attorney: 41 Front Street, Suite A, P.O. Box 1181  
Millbrook, NY 12545

Tel No. (845) 677-2101

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
ADMINISTRATION PROCEEDING,  
Estate of

**BENJAMIN D. LEVIN, II**

Deceased.

-----X

**AFFIDAVIT OF MAILING  
NOTICE OF APPLICATION FOR  
LETTERS OF ADMINISTRATION**

File No.: \_\_\_\_\_

Natalie S. Jackson, residing in Hopewell Junction, NY, being duly sworn, deposes and says that she is over the age of 18 years, that on the \_\_\_\_\_ day of March, 2017 deponent mailed a copy of the foregoing Notice of application for Letters of administration, contained in a securely closed postpaid wrapper, directed to each of the persons named in paragraph 4(b), respectively, as follows:

**NONE**

by depositing the document in a letter box or other official depository under the exclusive care and custody of the United States Post Office, located at: 47 Front Street, Millbrook, NY 12545.

\_\_\_\_\_  
Signature

**Natalie S. Jackson**

Print Name

Sworn to before me this  
\_\_\_\_ day of August, 2017

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

Affix Notary Stamp or Seal:

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
ADMINISTRATION PROCEEDING,  
Estate of

**BENJAMIN D. LEVIN, II**

Deceased.  
-----X

**AFFIDAVIT OF REGULARITY**

File No.: \_\_\_\_\_

STATE OF NEW YORK            )  
  ) s.s.  
COUNTY OF DUTCHESS        )

Vincent L. Teahan, being duly sworn, deposes and says:

1. That he is the attorney for **BENJAMIN D. LEVIN, III**, the petitioner herein.

2. That all the parties to this proceeding have been duly cited or have waived the issuance and service of a citation herein and consented to the entry of a decree or order in the following manner and form:

a. By service of a copy of the citation issued herein upon the following persons in the manner prescribed by SCPA 307(1), as more fully appears by the proof of service thereof, made in the manner and form by law and filed on \_\_\_\_\_, 2017.

Name	Address	Date of Service
------	---------	-----------------

**N/A**

b. By service pursuant to an order made herein \_\_\_\_\_, 2017, under SCPA 307(2), as more fully appears by the proof of service thereof, made in the manner prescribed by law and filed herein on \_\_\_\_\_, 2017.

Name	Address	Date of Service
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**N/A**

(Parties who waive or consent)

c. By duly executed waivers of the issuance and service of the citation herein and a consent to the entry of a decree or order and filed herein on August 21, 2017, by:

<u>Name</u>	<u>Address</u>	<u>Date of Waiver</u>
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<b>Jacob Levin</b>	<b>64 Chester Street Hamden, CT 06514</b>	<b>August 16, 2017</b>
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3. That no notice of appearance has been filed herein, except by **N/A**

4. That all of the persons named above are of full age and are of sound mind, excepting those hereinbefore stated to be otherwise, and comprise all the parties, as deponent verily believes, who have any interest in this proceeding.

DATE: August 4, 2017

/s/

Signature

**Vincent L. Teahan**

Print Name

Sworn to before me this  
\_\_\_\_\_ day of August, 2017

/s/

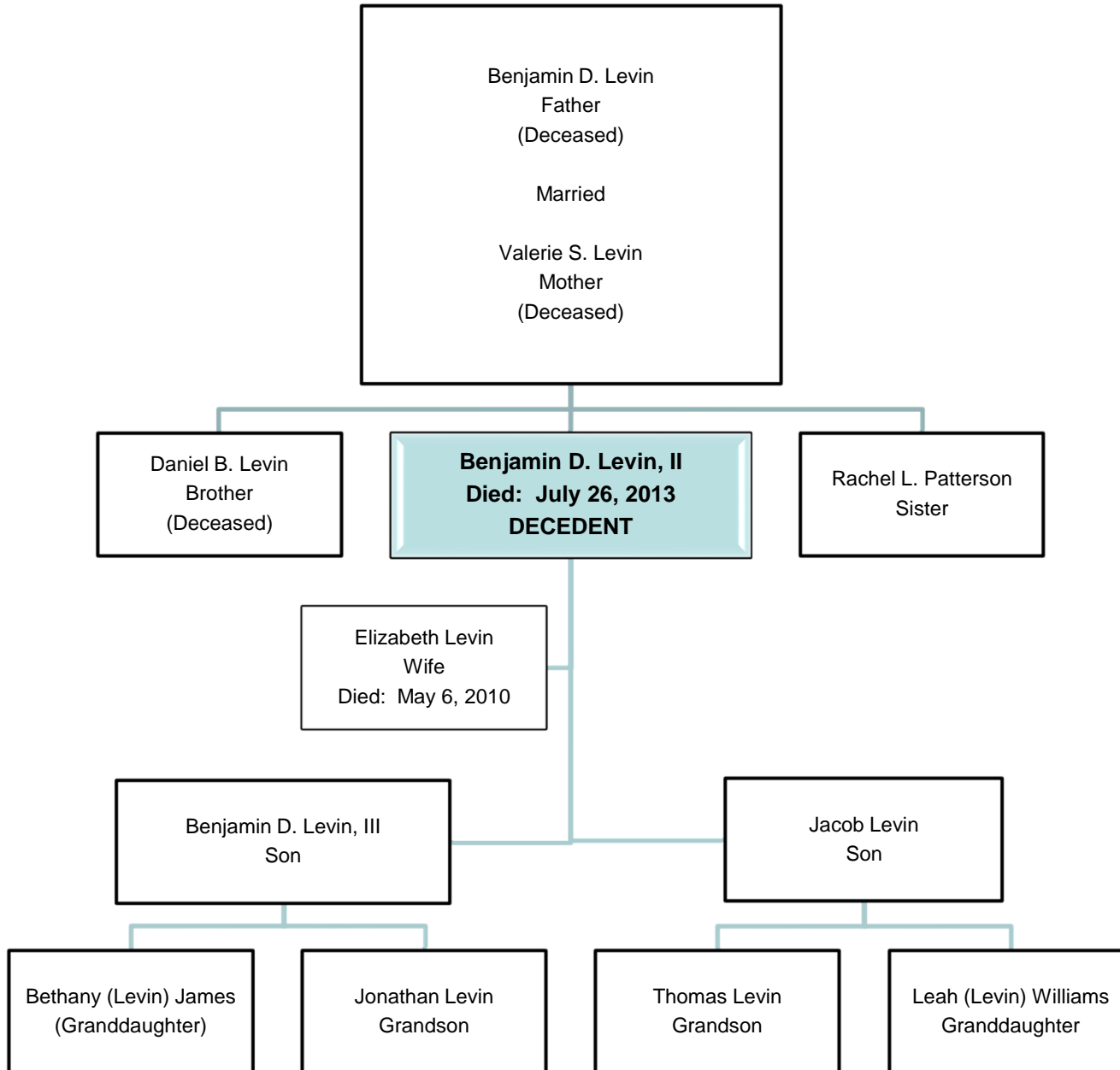
Notary Public

Commission Expires: \_\_\_\_\_

Affix Notary Stamp or Seal:

N.B. Where a person cited is an infant, incarcerated, a mentally ill person, a mentally retarded person, a developmentally disabled person, an alcohol abuser or for any cause is mentally incapable of adequately protecting his/her rights, it must so appear in the foregoing affidavit. The age of the infant also must be stated.

**BENJAMIN D. LEVIN, II**  
**Family Tree**



**ESTATE OF BENJAMIN D. LEVIN, II**

As to documents filed:

- Original Death Certificate- Benjamin D. Levin, II
- Verified Letters of Administration Petition
- Waiver of Citation; Renunciation and Consent to Appointment of Administrator - Jacob Levin
- Family Tree
- Attorney's Certification in Administration Proceeding
- Decree Appointing Administrator

**CERTIFICATION RULE 130:**

Signature of Attorney:	<u>/s/</u>	
Print Name:	Vincent L. Teahan, Esq.	
Firm Name:	Teahan & Constantino LLP	Tel No. (845) 677-2101
Address of Attorney:	41 Front Street, Suite A	
	P.O. Box 1181	
	Millbrook, NY 12545	
	E-mail address: millbrook@tcnylaw.com	



SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
ADMINISTRATION PROCEEDING,  
Estate of

**BENJAMIN D. LEVIN, II**

**ATTORNEY'S CERTIFICATION IN  
ADMINISTRATION PROCEEDING**

Deceased.

File No.: \_\_\_\_\_

-----X

The undersigned attorney hereby certifies pursuant to Section 207.4(b) of the Uniform Rules for the Surrogate's Court that the foregoing forms and all supporting documents prepared by Teahan & Constantino LLP are the same as the official forms described in said section and that the substantive text has not been altered.

Dated: August 4, 2017  
Millbrook, New York

/s/ \_\_\_\_\_  
Vincent L. Teahan  
Teahan & Constantino LLP  
41 Front Street, Suite A  
P.O. Box 1181  
Millbrook, New York 12545  
(845) 677-2101