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.)
Values for DOD before October 1, 2012 are $30,000 and $50,000 if spouse is the sole legatee or heir.
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.)
Values for DOD before October 1, 2012 are $30,000 and $50,000 if spouse is the sole legatee or heir.
Complete and attach **Schedule B**.

☐ **WILL OF NO ESTATE**
Complete items 2 and 8

☐ **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 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 _____ (County), State of _____ and died on the_____ day of _____, _____, at _____ (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 have not been convicted of a serious crime.

7. I am not excluded by other provisions of §5-105(b) of the Estates and Trusts Article, Annotated Code of Maryland from serving as a personal representative.

8. 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:

_____ _____

_____ _____

_____ _____

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

_____

_____

10. 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 the foregoing document are true to the best of my knowledge, information and belief.

_____ Attorney	_____ Petitioner Date
_____ Address	_____ Petitioner Date
_____	_____ Petitioner Date
_____ Telephone Number	_____ Telephone Number (optional)
_____ Facsimile Number	
_____ E-mail Address	

IN THE ORPHANS' COURT FOR

(OR)

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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

Address

Telephone Number

Facsimile Number

E-mail Address

Petitioner Date

Petitioner Date

Petitioner Date

Telephone Number (optional)

(FOR REGISTER'S USE)

Safekeeping Wills _____ Custody Wills _____

Bond Set $ _____ Deputy _____