

**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

**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.

**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 <small>(typed or printed)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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

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

(name and address of attorney)

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

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

TO ALL PERSONS INTERESTED IN THE ESTATE OF

\_\_\_\_\_

Notice is given that (name and address)

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

was on \_\_\_\_\_ appointed personal representative of the small estate of \_\_\_\_\_

\_\_\_\_\_

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 shall file their objections with the Register of Wills within 30 days after the date of publication of this Notice. All persons having an objection to the probate of the will shall file their objections with the Register of Wills within six months after the date of publication of this Notice.

All persons having claims against the decedent must serve their claims on the undersigned personal representative or file them 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) Thirty days 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 claims will be barred unless the creditor presents the claim within thirty days from the mailing or other delivery of the notice. Any claim not served or filed within that time, or any extension provided by law, is unenforceable thereafter.

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**  
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**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. \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

WITH  WITHOUT WILL

**INFORMATION REPORT**

1.a. At the time of death did the decedent have any interest as a joint owner (other than with a person exempted from inheritance tax by Code, Tax General Article, §7-203) in any real or leasehold property located in Maryland or any personal property, including accounts in a credit union, bank, or other financial institution?

No  Yes **If yes, give the following information as to all such jointly owned property:**

Name, Address, and Relationship of Joint Owner	Nature of Property	Total Value of Property
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.b. At the time of death did the decedent have any interest in any real or leasehold property located outside of Maryland either in the decedent's own name or as a tenant in common?

No  Yes **If yes, give the following information as to such property:**

Address, and Nature of Property	Case Number, Names, and Location of Court Where Any Court Proceeding Has Been Initiated With Reference to the Property
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



ESTATE OF: \_\_\_\_\_ ESTATE NO. \_\_\_\_\_

2. Except for a bona fide sale or a transfer to a person exempted from inheritance tax pursuant to Code, Tax General Article, §7-203, within two years before death did the decedent make any transfer of any material part of the decedent's property in the nature of a final disposition or distribution, including any transfer that resulted in joint ownership of property?

No  Yes If yes, give the following information as to each transfer:

Date of Transfer	Name, Address, and Relationship of Transferee	Nature of Property Transferred	Total Value of Property
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Except for interests passing to a person exempted by Code, Tax General Article, §7-203, at the time of death did the decedent have (a) any interest less than absolute in real or personal property over which the decedent retained dominion while alive, including P. O. D. account, (b) any interest in any annuity or other public or private employee pension or benefit plan, (c) any interest in real or personal property for life or for a term of years, or (d) any other interest in real or personal property less than absolute, in trust or otherwise?

No  Yes If yes, give the following information as to each interest:

Description of Interest and Amount or Value	Date and Type of Instrument Establishing Interest	Name, Address, and Relationship of Successor, Owner, or Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	_____ Personal Representative	_____ Date
_____ Address	_____ Personal Representative	_____ Date
_____ Telephone Number	_____ Personal Representative	_____ Date
_____ 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 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.

<b>DATE</b>	<b>SIGNATURE</b>	<b>NAME</b> (typed or printed)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_, MARYLAND

IN THE ESTATE OF:

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

**AFFIDAVIT OF ATTEMPT TO COMPLY WITH FEDERAL, STATE, AND  
LOCAL LAWS RELATED TO FIREARMS, AMMUNITION, AND  
DESTRUCTIVE DEVICES**

I, \_\_\_\_\_,  
Personal Representative of the above-captioned estate, have made, or prior to disposition, shall make, good faith efforts to comply with federal, State, and local laws related to the disposition of those firearms, ammunition, and/or destructive devices in the above-captioned estate.

If I engaged the services of a licensed firearms dealer, I have enclosed herewith a copy of such dealer's credentials and any correspondence, certification, or other documentation evidencing my good faith effort to comply with federal, State, and local laws regarding the disposition of such assets.

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

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Date

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

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