PETITION/ADMINISTRATION OR PROBATE OF WILL
PC-200 REV. 4/17

CONNECTICUT PROBATE COURTS

RECEIVED:

Instructions

1) Any person may use this form to petition the court for administration or probate of a will and the appointment of an administrator or executor. Each proposed fiduciary must sign the acceptance of trust.
2) For Connecticut residents, the petition must be filed in the court for the probate district in which the decedent was domiciled on the date of death. If the decedent was not a Connecticut resident, the petition may be filed in a probate district meeting the requirements of C.G.S. sections 45a-287 or 45a-303.
3) Attach a certified copy of the decedent's death certificate (with social security number redacted) along with the original will and codicils, if any. Also attach Confidential Information Sheet, PC-200C, with the decedent's social security number. If the proposed fiduciary is not a Connecticut resident, attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
4) If the petitioner is seeking to probate a will, the petitioner must send a copy of this petition to each heir of the decedent and beneficiary under the will, along with a copy of the will and codicil, and certify to the court that a copy has been sent.
5) For more information, see C.G.S. sections 45a-282 et seq. and 45a-303.
6) Type or print the form in ink. **File in duplicate.** Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name **District Number**

Estate of (Include all names and initials under which any asset was held.)

Hereinafter referred to as the decedent.

Date of Death

☐ Wrongful Death Claim

Decedent's Residence at Time of Death (Include full address.)

Jurisdiction Based On:

☐ Domicile in District (If domicile is different than residence, please explain.)

☐ Other (Please explain other jurisdictional basis.)

Use Second Sheet, PC-180, for explanation

Petitioner (Name and address.)

Surviving Spouse (Name and address. If there is no surviving spouse, so state.)

Heirs, Beneficiaries and Trustees, if any. Indicate any person who is under the age of 18 and include date of birth, any person in the military service or any person under conservatorship or legal disability. C.G.S. sections 45a-436, 45a-438 and 45a-439. Include the name, address and position of trust of the legal representative of any party who has been adjudicated incapable.

1. Heirs (Names and addresses.)

Spouse

Children

Children of a deceased child

If NO children or grandchildren, list surviving parents

If NO spouse, children, grandchildren or parents, list brother(s) and sister(s) or children of any deceased brother or sister (Identify relationship to decedent.)

If NONE of the above apply, please refer to C.G.S. section 45a-439(a)(3) and provide a family tree.

2. Beneficiaries under the will, including nominated testamentary trustees and inter vivos trustees. (List name and address and include paragraph in will where interest in the estate arises. It is not necessary to list the address if it is already listed above.)

3. Beneficiaries of testamentary trust(s) established under the will. (List name and address of each current beneficiary and presumptive remainder beneficiary and include paragraph in will where the interest in the trust arises. It is not necessary to list the address if it is already listed above. Probate Court Rules of Procedure sections 1.1(9) and 1.1(27).)

The petitioner states that the following efforts have been made to identify or locate any person whose name and/or address is unknown.

The Petitioner represents that:

☐ Decedent left a will and codicil(s) herewith presented for probate, dated _____.*

☐ Decedent, after making the will and codicil(s) had a child born, or adopted a minor child, or married or had his or her marriage dissolved by divorce or annulment. C.G.S. sections 45a-257a to 45a-257c. (Explain on Second Sheet, PC-180.)

☐ The proposed fiduciary named below is not the primary executor named in the will or codicil. (Explain on Second Sheet, PC-180.)

☐ Decedent left no will.

☐ One or more of the children listed are not also the children of the surviving spouse.

☐ Decedent had a conservator of the estate: (List name and probate district in which conservator was appointed.)
_____.

☐ Decedent owned an interest in real estate other than in survivorship in Connecticut at the time of death.

☐ Decedent, or spouse or children of the decedent ☐ did ☐ did not ever receive aid or care from the State of Connecticut. (*If affirmative, check appropriate box(es).*) ☐ State of Connecticut ☐ Department of Veterans' Affairs. C.G.S. section 45a-355. (Rocky Hill facility)

The estimated value of solely-owned assets, excluding real estate is $_____.

All the foregoing data is true and complete to the best of his or her knowledge and belief, and he or she has used all proper diligence to ascertain the names and addresses of all heirs and beneficiaries. Any additional data given on Second Sheet, PC-180 is made a part hereof.

WHEREFORE the petitioner requests that the will and codicils, if any, be approved and admitted to probate and that either letters testamentary or letters of administration be granted to the below-named proposed fiduciary.

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner	
Type or Print Name	
Date	

PROPOSED FIDUCIARY

If appointed, I will accept the position of trust:

Signature of Proposed Fiduciary		Date:
Type or Print Name		
Address		
Phone Number	Fiduciary ☐ is ☐ is not a resident of the State of Connecticut.	

Signature of Proposed Fiduciary		Date:
Type or Print Name		
Address		
Phone Number	Fiduciary ☐ is ☐ is not a resident of the State of Connecticut.	

Attorney for Proposed Fiduciary (Name, address, telephone number, Conn. Bar Juris No.)

Signature of attorney for proposed fiduciary _____

Each of the undersigned represents that he or she has examined the petition and related documents and HEREBY WAIVES NOTICE OF HEARING upon the petition and has NO OBJECTION to the granting and approval thereof. (If space is insufficient, use General Waiver, PC-181. Please also type or print name.)

_____	_____	_____
Name:	Name:	Name:
_____	_____	_____
Name:	Name:	Name:

CERTIFICATE – EXISTENCE OF INTER VIVOS TRUST

(Complete this section for trusts that are beneficiaries under the will.)

This is to certify that the trust document for the _____ (Name of Trust) dated

_____ between _____ (Name(s)) as grantor(s) and

_____ (Name(s)), as trustee(s), is in my/our possession, has been duly executed, and the trust is in full force and effect.

The representations contained in this certificate are made under penalty of false statement.

Signature of Current Trustee

Type or Print Name

Date

Signature of Current Trustee

Type or Print Name

Date

CERTIFICATION

* I certify that a copy of the will and codicil(s), if any, and this petition were sent to the following persons as provided in the Probate Court Rules of Procedure, sections 30.6(a) and 30.7:

Name and Address

Signature of Petitioner or Attorney Date:

Type or Print Name

CONFIDENTIAL INFORMATION/
Petition/Administration or Probate of Will PC-200CI REV. 10/17

CONNECTICUT PROBATE COURTS

FOR COURT USE ONLY

RECEIVED:

Probate Court Name **District Number**

In the Matter of

, deceased

The social security number of the decedent named above is required in connection with this proceeding.

Social Security Number _____