

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Plymouth Division

Docket No. _____

Voluntary Executor/Executrix

Name of Decedent _____

Domicile at Death _____
(Street and No.) (City or Town) (County) (zip)

Date of Death _____

Will and Death Certificate shall be filed with application.

Name and address of Applicant(s) _____
Status _____

Your applicant(s) respectfully state(s) that said estate consisting entirely of personal property the total value of which does not exceed fifteen thousand dollars (\$15,000) exclusive of the decedent's automobile as shown by the following schedule of all the assets of said deceased known to the applicant(s):

Name of Property	Estimated Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

That thirty days have expired since the date of death of said deceased and no petition for probate of will or appointment of administrator/administratrix has been filed in said Court.

That your applicant(s) ha _____ undertaken to act as voluntary executor/executrix of the estate of said deceased and will administer the same according to law and apply the proceeds thereof in conformity with Section 16A of Chapter 195 of the General Laws.

That to the knowledge of the applicant(s) the following are the names and addresses of all persons surviving who, with the deceased, were joint owners of property; also listed are the names and addresses of those who would take under the provisions of Section 3 of Chapter 190 in the case of intestacy, and the names and addresses of those who would take under the provisions of the will.

The applicant(s) hereby certif _____ that a copy of this document, along with a copy of the decedent's death certificate has been sent by certified mail to the **Division of Medical Assistance, P.O. Box 15205, Worcester, Massachusetts 01615-9906.**

Date _____

Signature(s) _____

NOTARIZATION

_____, ss.

Date _____, 20____

Then personally appeared _____
to me known and made oath that the information contained in the foregoing statement is true to the best of his/her/ their knowledge and belief.

Before me, _____
[NOTARY PUBLIC/JUSTICE OF THE PEACE]

My Commission expires _____

For Petitioner: _____

Docket No. _____

Voluntary Executor

Statement

Tel. No. () _____

B.B.O. # _____

Filed _____, 20 ____

Attested Copy Issued _____, 20 ____

Recorded Vol. _____ Page _____

Instructions

Refer to Massachusetts General Laws Chapter 195, Section 16A, as amended.

Will and Death certificate must be filed with application.

Give motor vehicle identification number.

Status of applicant: the executor must be the person named in the will and be of full age and legal capacity. A nonresident voluntary executor must appoint a resident agent.

Notice Regarding Massachusetts Estate Taxes

You may need to file a Massachusetts Estate Tax Return and a Massachusetts Fiduciary Income Tax Return, especially if the decedent owned an interest in real estate, or if the decedent had more than \$100 of income received after the date of death.

You may need to file a Massachusetts Estate Tax Return (Form M-706) in order to obtain a release of lien (Form M-792) on this real estate.

You may need to file a Massachusetts Fiduciary Income Tax Return (Form 2) to report income of more than \$1 00 received after the date of death.

You should contact the Massachusetts Estate Tax Bureau for information and assistance regarding the estate tax law (617-727-4448) or the fiduciary income tax law (617-727-4305).