

Commonwealth of Massachusetts

The Trial Court

Plymouth Division

Probate and Family Court Department

Docket No. \_\_\_\_\_

Voluntary Administration

Name of Decedent \_\_\_\_\_

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

Date of Death \_\_\_\_\_

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):

Table with 2 columns: Name of Property, Estimated Value. Includes a Total row.

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 administrator/administratrix of the estate of said deceased and will administer the same according to law and apply the proceeds thereof in conformity with Section 16 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.

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

[ ] 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 Administration**

**Statement**

Tel. No. (        ) \_\_\_\_\_

B.B.O. # \_\_\_\_\_

Filed \_\_\_\_\_, 20 \_\_\_\_

Attested Copy Issued \_\_\_\_\_, 20 \_\_\_\_

Recorded Vol. \_\_\_\_\_ Page \_\_\_\_\_

**Instructions**

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

Death certificate must be filed with application.

Give motor vehicle identification number.

Status of applicant includes the following:

surviving spouse, child, grandchild, parent, brother, sister, niece, nephew, aunt or uncle if of full age and legal capacity and inhabitant of the Commonwealth of Massachusetts.

**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 \$1 00 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).