

10. Complete ALL information below by stating the number of intestate distributees of decedent in each class who would take the property of deceased if there were no Will pursuant to EPTL 4-1.1. [Note: Insert the number of intestate distributees below; if none then insert "No" in that class and prior classes; strike out all subsequent classes that do not apply. Insert "No" in line 10(a.) below if decedent was divorced or marriage was annulled at time of death and attach a certified copy of Judgment of Divorce or Annulment Decree, respectively; insert the number "1" if decedent was legally separated at time of death and attach a certified copy of Judgement of Separation or Separation Agreement.]

11. Decedent at the time of death left surviving him/her:

- a. _____ husband, NO wife (if predeceased, name and date of death _____);
- b. NO child or children; and NO descendants of a predeceased child or children and NO adopted child or children; and NO descendants of a predeceased adopted child or children;
- c. NO non-marital child or children, or descendants of predeceased non-marital child or children (EPTL 4-1.2);
- d. NO issue of decedent who were adopted by decedent's blood relatives or the spouse of a former spouse (DRL 117);
- e. NO father and NO mother;
- f. NO brothers and 1 sisters of either whole or half-blood; 11 descendants of predeceased brothers and sisters (i.e. nieces and nephews, etc.) of either whole or half blood;
- g. _____ paternal grandparents; _____ maternal grandparents;
- h. _____ paternal uncles and aunts; _____ maternal uncles and aunts;
- i. _____ paternal first cousins; _____ maternal first cousins;
- j. _____ paternal first cousins once removed; _____ maternal first cousins once removed.

12. ALL KNOWN INTESTATE DISTRIBUTEES LISTED ABOVE of the said decedent with names, ages, relationships, and domicile addresses are as follows: [Note: If aged 18 and over insert "F" for full age; otherwise insert age. See SCPA 307, 308.]

Name	Age	Relationship	Address
BETTY HOJNOWSKI	FULL	SISTER	[REDACTED]

SEE ATTACHED SHEETS

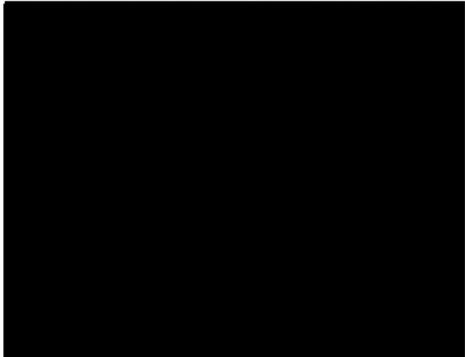
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13. Any interested person(s) named above or otherwise under disability as defined in SCPA 103(40) are as follows: [Note: If persons are unknown or whose whereabouts are unknown, you must cite N.Y.S. Attorney General above; if infant is to be cited see SCPA 307(3).]

Name	Age	Nature of disability
NONE		

PETITION FOR PROBATE

12. ALL KNOWN INTESTATE DISTRIBUTEES (Continued)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>
* - MICHAEL NAGURNEY	FULL	NEPHEW	
* - NICHOLAS NAGURNEY	FULL	NEPHEW	
* - SHANNON PELLERITE	FULL	NIECE	

* - CHILDREN OF PREDECEASED SISTER, BEATRICE NAGURNEY

PETITION FOR PROBATE

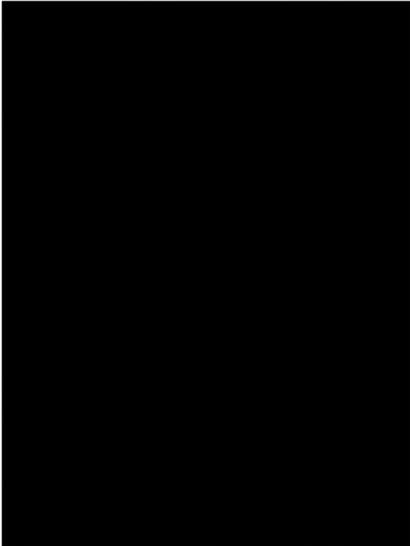
12. ALL KNOWN INTESTATE DISTRIBUTIBLES (Continued)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>
** - THOMAS MATHENY	FULL	NEPHEW	
** - KELLI CAVO	FULL	NIECE	
** - DAVID JEPSSON	FULL	NEPHEW	

** - CHILDREN OF PREDECEASED SISTER, BARBARA JEPSSON

PETITION FOR PROBATE

12. ALL KNOWN INTESTATE DISTRIBUTEES (Continued)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>
*** - TERRY MATIE	FULL	NEPHEW	
*** - DEBBIE SARODA	FULL	NIECE	
*** - CHERYL CARPENTER	FULL	NIECE	
*** - JOSEPH MATIE	FULL	NEPHEW	
*** - ANDREW MATIE	FULL	NEPHEW	

*** - CHILDREN OF PREDECEASED BROTHER, JOSEPH MATIE.

14. The names, ages, relationships and domicile addresses of ALL persons and parties designated as BENEFICIARIES, EXECUTORS, TRUSTEES or GUARDIANS:

a. Named in the LAST WILL AND TESTAMENT or any INTER VIVOS or LIFETIME TRUSTS designated in the propounded LAST WILL AND TESTAMENT and any others specified in SCPA 1409. They are as follows:

Name	Age	Relationship	Address
TRACY KINN	FULL	BENEFICIARY & EXECUTRIX	[REDACTED]
SALVATORE G. MAROTTA	FULL	ALT. EXECUTOR	[REDACTED]

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b. Named in any other Will or Codicil of the decedent WHOSE RIGHTS OR INTERESTS ARE ADVERSELY AFFECTED by the LAST WILL AND TESTAMENT offered for probate as specified in SCPA 1403. They are as follows:

Name	Age	Relationship	Address
NONE			

continue on separate page if necessary

No persons, corporations or associations are interested in this proceeding other than those mentioned above.

Upon information and belief, no other petition for probate of any will of the decedent or for Letters of Administration of the decedent's estate has heretofore been filed in any court.

15. WHEREFORE YOUR PETITIONER(S) PRAY(S) the Last Will and Testament (and Codicil(s)) be admitted to probate and established as the Last Will and Testament (and Codicil) of said decedent valid to pass real and personal property thereof; and

- a. LETTERS TESTAMENTARY without (with) bond issue to the Executor(s) named in said Will: TRACY KINN; and
- b. LETTERS OF TRUSTEESHIP without (with) bond issue to the Trustee(s) named in said Will: _____; and
- c. LETTERS OF ADMINISTRATION c.t.a without (with) bond issue to: _____; and
- d. OTHER OR ADDITIONAL RELIEF: _____; and
- e. CITATION ISSUE herein and process be taken in this proceeding for the purpose stated and as the law may require; and for such other and further relief as the Court deems just and proper.

Dated May 25, 2010

TK: Tracy Kinn
 Petitioner TRACY KINN

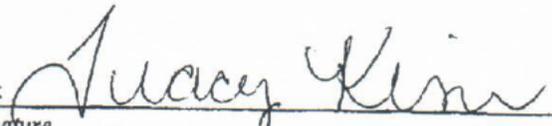
 Petitioner

COMBINED VERIFICATION, OATH & DESIGNATION
 FOR APPLICANTS DOMICILED WITHIN NEW YORK STATE

State of New York)
 County of ERIE) ss.:

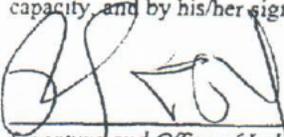
I, the undersigned, the petitioner named in the foregoing petition and domiciled at _____ being duly sworn, say:

- (1) **VERIFICATION:** I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged on information and belief, and to those matters I believe it to be true.
- (2) **OATH OF EXECUTOR [] TRUSTEE [] ADMINISTRATOR c.t.a. as indicated:** I am over eighteen (18) years of age and a citizen of the United States and I will well, faithfully and honestly discharge the duties of Fiduciary of the goods, chattel and credits of said decedent according to law. I am not ineligible to receive letters pursuant to SCPA 707 and will duly account for all moneys and other property that will come into my hands.
- (3) **DESIGNATION OF CLERK FOR SERVICE OF PROCESS:** I hereby designate the Clerk of the Surrogate's Court of Erie County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me/us whenever I cannot be found and served within the State of New York after due diligence used.

TK: 
 Signature _____
 Print Name: TRACY KINN

On the 25th day of May in the year 2010 before me, the undersigned, personally appeared TRACY KINN

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and by his/her signature on the instrument, the individual executed the instrument.


 Signature and Office of Individual taking Acknowledgment
 (affix stamp)

PAUL E. RUDNICKI
 Notary Public, State of New York
 Qualified in Erie County
 My Commission Expires June 30, 2014

Estate No. <u>2010-2047/A</u>	Surrogate's Court Erie County	In the Matter of Proving the Last Will and Testament of	CHARLES W. MATIE	Deceased.
			a/k/a	
		PETITION FOR		
		PROBATE OF WILL		
			Attorney Signature (Certification)	
		PAUL E. RUDNICKI	Print Name:	
		PAUL E. RUDNICKI, ESQ.	Attorney Name and/or Firm Name	
		2732 Seneca Street	2732 Seneca Street	
		Post Office Box 525	Post Office Box 525	
		West Seneca, NY 14224	West Seneca, NY 14224	
			Address	
		(716) 823-5959	(716) 823-5959	
			Telephone Number	