



**PETITION TO DISPENSE
WITH ADMINISTRATION**

Case No. _____
Court _____
County _____
Division _____

IN RE: Estate of _____
(Name of Decedent)

Address: _____ Date of Death: _____
_____ Date of Birth*: _____
_____ SSN*: _____

PETITION TO (*check one*)

A. DISPENSE WITH ADMINISTRATION

B. DISPENSE WITH ADMINISTRATION AND FOR PROBATE OF WILL

Comes Petitioner, _____, and states as follows:

1. Decedent died (*check one*) testate (with a Will) intestate (without a Will) with residence at the above address and on the above date.
2. There has been no previous administration in Decedent's estate in Kentucky or elsewhere.
3. (*Check and complete if Box B. is checked above*) The names of the surviving spouse, heirs at law and next of kin known to Petitioner are as follows: (Note: If Petitioner is the executor named in the Will, only the surviving spouse, if applicable, must be provided below.)

Name: _____ Relation: _____ Age: _____ Address: _____ _____

Name: _____ Relation: _____ Age: _____ Address: _____ _____

Name: _____ Relation: _____ Age: _____ Address: _____ _____

Name: _____ Relation: _____ Age: _____ Address: _____ _____

Use additional paper if necessary to complete item no. 3.

4. (*Check if Box B. is checked above*) Petitioner applies for probate of Decedent's Will, (*check one*) original offered this date will be offered without delay, which is his/her Last Will and Testament.

5. At the time of death, Decedent left no estate to be administered with the exception of the following assets (*include value for each asset listed; for vehicles, include VIN number*):

Property Description*	Approximate Value
_____	_____
_____	_____
_____	_____
_____	_____

Use additional paper if necessary to complete item no. 5.

6. In relation to Decedent, I am the (*check all that apply*) surviving spouse only surviving child surviving child (other surviving child(ren) have signed a waiver (AOC-831) filed with this Petition) person who has paid preferred claim(s) (no surviving spouse) person who has paid preferred claim(s) (surviving spouse has signed a waiver (AOC-831) filed with this Petition) assignee of preferred claim(s).

7. I have paid, or am the assignee of, the following preferred claim(s) against the estate (*attach receipts*):

Claim	Payee	Amount
a. Cost and expenses of administration	_____	_____
b. Funeral expenses	_____	_____
c. Debts and taxes with preference under federal and Kentucky Law	_____	_____
d. Other	_____	_____

Use additional paper if necessary to complete item no. 7.

8. Because the total approximate value of Decedent's assets listed in item no. 5 above, minus the preferred claims listed in item no. 7 above, is less than or equal to \$30,000.00; or because the total approximate value of Decedent's assets listed in item no. 5 above is less than or equal to the preferred claims listed in item no. 7 above, I ask the Court to dispense with the administration of Decedent's estate and to transfer the above personal property to me or my designee, _____.

Petitioner verifies the above statements are true and correct to the best of his/her knowledge.

Petitioner's Signature: _____ Phone No.: _____

Name (*Printed*): _____

Address: _____

Email: _____

Subscribed and sworn to before me by _____ on _____ in the county _____ of _____, _____.
_____ Name/Title
For Notaries: My commission expires: _____. My notary ID number is : _____.

Complete if Petitioner is represented by counsel:

I certify this Petition was prepared or subscribed by the undersigned in accordance with CR 11.

Attorney's Signature: _____ Phone No.: _____

Name (*Printed*): _____

Address: _____

Email: _____

***Note to filer:** Personal data (social security number, birth date, financial-account number) must be redacted pursuant to CR 7.03. Instructions on redaction can be found at www.kycourts.gov.