



**PETITION TO DISPENSE  
WITH ADMINISTRATION**  
(Surviving Spouse/Children/Preferred Creditor)

Case No. \_\_\_\_\_  
Court District/Probate  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN RE: Estate of \_\_\_\_\_  
(Name of Decedent)

Address: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Comes the Petitioner, \_\_\_\_\_, being first duly sworn, and states as follows:

- Decedent died  testate  intestate with residence at the above listed address and on the above date.
- 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*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- In relation to the above-named decedent, I am the (*check all that apply*)  surviving spouse  only surviving child  
 surviving child whose surviving siblings have signed a waiver herein or attached a waiver  preferred creditor  preferred creditor of the decedent whose surviving spouse has signed a waiver herein or attached a waiver  assignee of the preferred creditor.
- (*check if applicable*) Petitioner applies for Probate of Decedent's Will, filed herewith, which is his/her Last Will and Testament.
- As a preferred creditor/assignee of decedent, I have paid the following claim(s) against the estate in the following order (*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	_____	_____

6. I certify that there has been no previous administration of decedent's estate within Kentucky or elsewhere.

Because the exemption given to the above surviving spouse/child(ren) and/or claim(s) of the above preferred creditor/ assignee equals or exceeds the value of the above estate asset(s), I ask this Court to dispense with the administration of the above estate and to transfer the above personal property to me or my designee, \_\_\_\_\_.

\_\_\_\_\_  
Name of Surviving Spouse Waiving Preference      Age      Signature of Surviving Spouse Waiving Preference  
(Please Print)      (If Petitioner is not Decedent's Spouse)

Address/P.O. Box Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Surviving Child Waiving Preference      Signature of Surviving Child Waiving Preference

\_\_\_\_\_  
Petitioner's Signature

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Subscribed and sworn before me by petitioner on \_\_\_\_\_, 2\_\_\_\_\_.  
My commission expires \_\_\_\_\_.  
\_\_\_\_\_  
Name/Title

**CERTIFICATE**

I certify that this petition was prepared in accordance with CR 11.

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Address and Phone Number