	DEMAND FOR SURETIES G.L. c. 190B, § 3-605	Docket No.	Commonwealth of Massachusett The Trial Court Probate and Family Court	
Es	tate of:	-	Division	
	First Name Middle Name	Last Name		
Da	te of Death:			
1.	Information about the Applicant:			
	Name: First Name		Last Name	
	riist name	IVI.1.	Last Name	
	(Address) (A	Apt, Unit, No. etc.)	(City/Town) (State) (Zip)	
	Primary Phone #:			
3.	☐ Heir ☐ Creditor ☐ Other: ☐ The value of my interest or claim is in excess of	(state interes	enship to the Decedent G.L. c. 190B, § 2-103)	
3.	The value of my interest or claim is in excess of \$5,000.00.			
4.	The Applicant gave notice of this Demand to the Personal Representative on(date)			
	by mailing to the following address:		(vale)	
	(Address) (Apr	ot, Unit, No. etc.)	(City/Town) (State) (Zip)	
5.	I demand that the Personal Representative give	e sureties on the official b	oond.	
I co ate		oing statements are true  Signature of Applicar	to the best of my knowledge and belief.	
_		-	icant (ii applicable)	
for	mation on Attorney for Applicant			
		Signature of Attorney	Signature of Attorney	
			(Print name)	
			(Address) (Apt, Unit, No. 6	
			(др., отт., но. с	
		·	City/Town) (State) (Zip)	
		Primary Phone #:	City/Town) (State) (Zip)	
		Primary Phone #:	City/Town) (State) (Zip)	