

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division _____

Docket No. _____

SALE OF REAL ESTATE FOREIGN

TO THE HONORABLE JUSTICES OF THE PROBATE AND FAMILY COURT

RESPECTFULLY represents _____

of _____ (Please print) _____ and _____ (Address) _____ in the State of _____

that he/she/they is/are - the - administrator/trix of the estate executor/trix of the will - of

_____ late of _____ (Name of Deceased (Please print)) _____ (Address)

duly appointed by the _____ Court in and for the County of

_____ in the State of _____ and that he/she/they has/have been duly qualified and is/are acting as such _____, as more fully appears by an authenticated copy of his/her/their appointment filed herewith.

That the deceased was at the time of his/her death the owner of certain real estate situated in _____, in the County of _____ bounded and described as follows:

That it is for the benefit of all parties interested that the same be sold; that an advantageous offer for the purchase of said real estate has been made to the petitioner(s) in the sum of _____ dollars.

That there is no administrator/trix executor/trix appointed in the Commonwealth and that your petitioner(s) as such _____ will be liable, to account for the proceeds thereof, in said State in which he/she/they was/were appointed, that the deceased died on _____ and that six months from the death of the deceased have expired. I/We certify that the estate of the deceased does does not exceed \$1000 in value.

WHEREFORE, your petitioner(s) request that he/she/they may be authorized to sell this real estate of the deceased at private sale in accordance with said offer or at public auction for a larger sum upon the following terms

and that he/she/they may become the purchaser(s) of said real estate.

The petitioner(s) certify/ies that MassHealth is is not an interested party in this matter due to:

the filing of a written claim against the estate pursuant to G.L. c. 118E, s 32

the filing of a Notice of Claim pursuant to G.L. c. 197, s 9(d)

Notice of this petition has been sent to **MassHealth, P.O. Box 15205 Worcester, Massachusetts 01615-9906**, if required

Date

Petitioner 1 signature

Date

Petitioner 2 signature