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 _____ (Please print)

of _____ (Address) in the State of _____ and

_____

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

_____ (Name of Deceased (Please print)) late of _____ (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 therof, 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