

Commonwealth of Massachusetts

The Trial Court

Division \_\_\_\_\_

Probate and Family Court Department

Docket No. \_\_\_\_\_

SALE OF TRUST ESTATE

Name of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

Domicile at Death \_\_\_\_\_ (street address) \_\_\_\_\_ (city or town) \_\_\_\_\_ (zip)

TO THE HONORABLE JUSTICES OF THE PROBATE AND FAMILY COURT:

RESPECTFULLY represents \_\_\_\_\_

trustee(s) under the will of \_\_\_\_\_

for the benefit of the persons named below, that he/she/they hold(s) as such trustee certain \_\_\_\_\_

estate, as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

that the sale, conveyance and transfer of this estate is necessary and expedient, for the reason that \_\_\_\_\_

\_\_\_\_\_

that an offer of \_\_\_\_\_ dollars

has been made for it, which is its full value; that it is desirable that the proceeds thereof be invested and applied in the following manner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After diligent search the following are found to be the only persons known to the petitioner who are or may become interested therein:

Print Name	Residence	Nature of Interest

that the only persons now ascertained whose issue, not now in being, may become interested are

Name	Residence

I/We certify that the estate of the deceased  does  does not exceed \$1000 in value.

WHEREFORE your petitioner(s) requests that he/she/they may be authorized to make this sale, conveyance and transfer at private sale or at public auction; upon the following terms: \_\_\_\_\_

\_\_\_\_\_

and to make the investment and application of the proceeds thereof. Your petitioner(s) further request(s) that he/she/they be authorized to become the purchaser(s) of said real estate.

Moreover, 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 01615-0205**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner 1

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner 2

\_\_\_\_\_  
Print Name

The undersigned, being all the persons interested, assent to the above petition.

Print Name	Residence	Relationship	Check if Applicable	Sign if you assent to the Petition
			<input type="radio"/> Minor <input type="radio"/> Incompetent	
			<input type="radio"/> Minor <input type="radio"/> Incompetent	