

Surviving Spouse, Children, Heirs at Law

MPC 162

EXAMPLE #1

MUPC DEATH

DECEDENT IS SURVIVED BY A SPOUSE, NO KIDS BUT PARENTS

Donna died on April 1, 2016.

She is survived by a spouse, Sam. She had no children, but did have surviving parents. Sadly, her dad died after her on April 2, 2016. To date, his estate has not been probated.

Donna's mother has severe dementia but is not under guardianship or conservatorship.

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Donna <small>First Name</small> </div> <div style="width: 30%;"> Middle Name </div> <div style="width: 30%;"> Decedent <small>Last Name</small> </div> <div style="width: 10%; text-align: right;"> Division </div> </div>		
Date of Death: <u>April 1, 2016</u>		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent ☐ did not leave a surviving spouse. ☒ left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS (omit if since deceased)
Sam Spouse	1 Anywhere Street Anywhere, MA 00000

2. a. The Decedent ☒ did not have children (biological or adopted). ☐ had the following children (biological or adopted):

NAME OF DECEDENT'S CHILD	ADDRESS (omit if deceased)	CHILD OF SURVIVING SPOUSE	A MINOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

- ☐ b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are **not** descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. ☐ a. All of the children listed in 2a **survived** the Decedent.
☐ b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

- c. The predeceased child(ren) listed in 3b:

- ☐ did not leave surviving descendants (children, grandchildren, etc.) (biological or adopted).
☐ left the following surviving descendants (children, grandchildren, etc.) (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent ☐ did not leave a surviving parent. ☒ left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)
Mom	1 Anywhere Street Anywhere MA 00000
Dad	

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent ☐ did not leave a surviving sibling. ☐ left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

- b. ☐ One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

- ☐ The heirs at law are as follows:

For assistance, see the Instructions and the [Massachusetts Degree of Kinship Chart \(MPC 960\)](#). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

☐ After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal** proceeding.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. **NONE** of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY <small>*(Guardian ad litem required unless waived. See Instructions)</small>	NAME/ADDRESS OF REPRESENTATIVE <small>(Provide docket number or proof of appointment for any court appointed fiduciary.)</small>
Mom	<input type="checkbox"/> Minor List age: _____ <input checked="" type="checkbox"/> Incapacitated or protected person <small>(adjudicated or alleged)</small>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Unrepresented*	
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <small>(adjudicated or alleged)</small>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

8. **NONE** of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased **at the time of this filing** except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE <small>(Provide docket number or proof of appointment for any court appointed fiduciary.)</small>
Dad	4/2/2016	<input type="checkbox"/> Personal Representative <small>(Required for an informal proceeding)</small> <input checked="" type="checkbox"/> Unrepresented <small>(Formal proceeding required)</small>	
		<input type="checkbox"/> Personal Representative <small>(Required for an informal proceeding)</small> <input type="checkbox"/> Unrepresented <small>(Formal proceeding required)</small>	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

(Print name)

Surviving Spouse, Children, Heirs at Law
MPC 162

EXAMPLE #2

PRE-MUPC DEATH

**DECEDENT IS SURVIVED BY A SPOUSE, NO
KIDS, BUT PARENTS**

Same facts except Donna died PRE MUPC on December 30, 2010.

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%; text-align: center;">Donna <small>First Name</small></div> <div style="width: 33%; text-align: center;">_____ <small>Middle Name</small></div> <div style="width: 33%; text-align: center;">Decedent <small>Last Name</small></div> </div> </div> <div style="width: 35%; text-align: right;">Division</div> </div>		
Date of Death: <u>December 30, 2010</u>		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent ☐ did not leave a surviving spouse. ☒ left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS (omit if since deceased)
Sam Spouse	1 Anywhere Street Anywhere, MA 00000

2. a. The Decedent ☒ did not have children (biological or adopted). ☐ had the following children (biological or adopted):

NAME OF DECEDENT'S CHILD	ADDRESS (omit if deceased)	CHILD OF SURVIVING SPOUSE	A MINOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

- ☐ b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are **not** descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. ☐ a. All of the children listed in 2a **survived** the Decedent.
☐ b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

- c. The predeceased child(ren) listed in 3b:

- ☐ did not leave surviving descendants (children, grandchildren, etc.) (biological or adopted).
☐ left the following surviving descendants (children, grandchildren, etc.) (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent ☐ did not leave a surviving parent. ☒ left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)
Mom	1 Anywhere Street Anywhere MA 00000
Dad	

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent ☐ did not leave a surviving sibling. ☐ left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

- b. ☐ One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

- ☐ The heirs at law are as follows:

For assistance, see the Instructions and the [Massachusetts Degree of Kinship Chart \(MPC 960\)](#). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

☐ After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal proceeding**.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. **NONE** of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY <small>*(Guardian ad litem required unless waived. See Instructions)</small>	NAME/ADDRESS OF REPRESENTATIVE <small>(Provide docket number or proof of appointment for any court appointed fiduciary.)</small>
Mom	<input type="checkbox"/> Minor List age: _____ <input checked="" type="checkbox"/> Incapacitated or protected person <small>(adjudicated or alleged)</small>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Unrepresented*	
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <small>(adjudicated or alleged)</small>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

8. **NONE** of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased **at the time of this filing** except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE <small>(Provide docket number or proof of appointment for any court appointed fiduciary.)</small>
Dad	4/2/2016	<input type="checkbox"/> Personal Representative <small>(Required for an informal proceeding)</small> <input checked="" type="checkbox"/> Unrepresented <small>(Formal proceeding required)</small>	
		<input type="checkbox"/> Personal Representative <small>(Required for an informal proceeding)</small> <input type="checkbox"/> Unrepresented <small>(Formal proceeding required)</small>	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

(Print name)

Surviving Spouse, Children, Heirs at Law

MPC 162

EXAMPLE #3

MUPC DEATH

**DECEDENT IS SURVIVED BY A SPOUSE, NO KIDS
NO PARENTS**

Donna died on April 1, 2016.

She is survived by a spouse, Sam. She had no children and both parents are deceased.

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> Donna <small>First Name</small> </div> <div style="width: 20%; text-align: center;"> Decedent <small>Last Name</small> </div> <div style="width: 40%; text-align: right;"> Division </div> </div>		
Date of Death: <u>April 1, 2016</u>		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent ☐ did not leave a surviving spouse. ☒ left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS <i>(omit if since deceased)</i>
Sam Spouse	1 Anywhere Street Anywhere, MA 00000

2. a. The Decedent ☒ did not have children *(biological or adopted)*. ☐ had the following children *(biological or adopted)*:

NAME OF DECEDENT'S CHILD	ADDRESS <i>(omit if deceased)</i>	CHILD OF SURVIVING SPOUSE	A MINOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

- ☐ b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are **not** descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. ☐ a. All of the children listed in 2a **survived** the Decedent.
☐ b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

- c. The predeceased child(ren) listed in 3b:

- ☐ did not leave surviving descendants (children, grandchildren, etc.) *(biological or adopted)*.
☐ left the following surviving descendants (children, grandchildren, etc.) *(biological or adopted)*:

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent ☒ did not leave a surviving parent. ☐ left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent ☐ did not leave a surviving sibling. ☐ left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

- b. ☐ One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

- ☐ The heirs at law are as follows:

For assistance, see the Instructions and the Massachusetts Degree of Kinship Chart (MPC 960). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

☐ After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal** proceeding.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. **NONE** of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY <i>*(Guardian ad litem required unless waived. See Instructions)</i>	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

8. **NONE** of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased **at the time of this filing** except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner _____

(Print name)

Surviving Spouse, Children, Heirs at Law

MPC 162

EXAMPLE #4

PRE-MUPC DEATH

**DECEDENT IS SURVIVED BY A SPOUSE, NO
KIDS, NO PARENTS.... BUT KINDRED**

Same facts except Donna died PRE MUPC on December 30, 2010.

She is survived by a spouse, Sam. She had no children and parents are deceased. She does have a niece, Nancy, who is a minor.

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> Donna <small>First Name</small> </div> <div style="text-align: center;"> Middle Name </div> <div style="text-align: center;"> Decedent <small>Last Name</small> </div> <div style="text-align: center;"> Division </div> </div>		
Date of Death: <u>December 30, 2010</u>		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent ☐ did not leave a surviving spouse. ☒ left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS <i>(omit if since deceased)</i>
Sam Spouse	1 Anywhere Street Anywhere, MA 00000

2. a. The Decedent ☒ did not have children *(biological or adopted)*. ☐ had the following children *(biological or adopted)*:

NAME OF DECEDENT'S CHILD	ADDRESS <i>(omit if deceased)</i>	CHILD OF SURVIVING SPOUSE	A MINOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

- ☐ b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are **not** descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. ☐ a. All of the children listed in 2a **survived** the Decedent.
☐ b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

- c. The predeceased child(ren) listed in 3b:

- ☐ did not leave surviving descendants (children, grandchildren, etc.) *(biological or adopted)*.
☐ left the following surviving descendants (children, grandchildren, etc.) *(biological or adopted)*:

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent ☒ did not leave a surviving parent. ☐ left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent ☒ did not leave a surviving sibling. ☐ left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

- b. ☒ One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
Nancy Niece	1 Anywhere Street Anywhere MA 00000	Niece	<input checked="" type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

- ☐ The heirs at law are as follows:

For assistance, see the Instructions and the Massachusetts Degree of Kinship Chart (MPC 960). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

☐ After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal** proceeding.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. **NONE** of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY * (Guardian ad litem required unless waived. See Instructions)	NAME/ADDRESS OF REPRESENTATIVE (Provide docket number or proof of appointment for any court appointed fiduciary.)
<u>Nancy Niece</u>	<input checked="" type="checkbox"/> Minor List age: <u>6</u> <input type="checkbox"/> Incapacitated or protected person (adjudicated or alleged)	<input type="checkbox"/> Guardian <input checked="" type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	Carl Conservator
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person (adjudicated or alleged)	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

8. **NONE** of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased **at the time of this filing** except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE (Provide docket number or proof of appointment for any court appointed fiduciary.)
		<input type="checkbox"/> Personal Representative (Required for an informal proceeding) <input type="checkbox"/> Unrepresented (Formal proceeding required)	
		<input type="checkbox"/> Personal Representative (Required for an informal proceeding) <input type="checkbox"/> Unrepresented (Formal proceeding required)	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner _____

(Print name)

Surviving Spouse, Children, Heirs at Law

MPC 162

EXAMPLE #5

MUPC DEATH

**DECEDENT IS SURVIVED BY A SPOUSE AND
KIDS**

ALL OF THE MARRIAGE

AND

SS DOES NOT HAVE ANY OTHER CHILDREN

Donna died on April 1, 2016.

She is survived by a spouse, Sam, and their two children, Alaina and Olivia. Both children are minors.

Sam does not have any other children.

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;"> Donna <small>First Name</small> </div> <div style="text-align: center;"> Middle Name </div> <div style="text-align: center;"> Decedent <small>Last Name</small> </div> <div style="text-align: center;"> Division </div> </div>		
Date of Death: <u>April 1, 2016</u>		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent ☐ did not leave a surviving spouse. ☒ left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS <i>(omit if since deceased)</i>
Sam Spouse	1 Anywhere Street Anywhere, MA 00000

2. a. The Decedent ☐ did not have children *(biological or adopted)*. ☒ had the following children *(biological or adopted)*:

NAME OF DECEDENT'S CHILD	ADDRESS <i>(omit if deceased)</i>	CHILD OF SURVIVING SPOUSE	A MINOR
Olivia	1 Anywhere Street Anywhere, MA 00000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Alaina	1 Anywhere Street Anywhere, MA 00000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

- ☐ b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are **not** descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. ☐ a. All of the children listed in 2a **survived** the Decedent.
☐ b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

- c. The predeceased child(ren) listed in 3b:

- ☐ did not leave surviving descendants (children, grandchildren, etc.) *(biological or adopted)*.
☐ left the following surviving descendants (children, grandchildren, etc.) *(biological or adopted)*:

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent ☐ did not leave a surviving parent. ☐ left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent ☐ did not leave a surviving sibling. ☐ left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

- b. ☐ One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

- ☐ The heirs at law are as follows:

For assistance, see the Instructions and the [Massachusetts Degree of Kinship Chart \(MPC 960\)](#). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

☐ After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal** proceeding.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. **NONE** of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY <i>*(Guardian ad litem required unless waived. See Instructions)</i>	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

8. **NONE** of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased **at the time of this filing** except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

(Print name)

Surviving Spouse, Children, Heirs at Law

MPC 162

EXAMPLE #6

MUPC DEATH

**DECEDENT IS SURVIVED BY A SPOUSE AND
KIDS**

ALL OF THE MARRIAGE

AND

SS DOES HAVE OTHER CHILDREN

Donna died on April 1, 2016.

She is survived by a spouse, Sam, and their two children, Alaina and Olivia. Both children are minors.

Sam has children from a prior marriage.

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> Donna <small>First Name</small> </div> <div style="text-align: center;"> Middle Name </div> <div style="text-align: center;"> Decedent <small>Last Name</small> </div> <div style="text-align: right;"> Division </div> </div>		
Date of Death: <u>April 1, 2016</u>		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent ☐ did not leave a surviving spouse. ☒ left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS (omit if since deceased)
Sam Spouse	1 Anywhere Street Anywhere, MA 00000

2. a. The Decedent ☐ did not have children (biological or adopted). ☒ had the following children (biological or adopted):

NAME OF DECEDENT'S CHILD	ADDRESS (omit if deceased)	CHILD OF SURVIVING SPOUSE	A MINOR
Olivia	1 Anywhere Street Anywhere, MA 00000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Alaina	1 Anywhere Street Anywhere, MA 00000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

- ☒ b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are **not** descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. ☒ a. All of the children listed in 2a **survived** the Decedent.
☐ b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

- c. The predeceased child(ren) listed in 3b:
- ☐ did not leave surviving descendants (children, grandchildren, etc.) (biological or adopted).
- ☐ left the following surviving descendants (children, grandchildren, etc.) (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent ☐ did not leave a surviving parent. ☐ left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent ☐ did not leave a surviving sibling. ☐ left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

- b. ☐ One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

- ☐ The heirs at law are as follows:

For assistance, see the Instructions and the [Massachusetts Degree of Kinship Chart \(MPC 960\)](#). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

☐ After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal proceeding**.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. NONE of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY * (Guardian ad litem required unless waived. See Instructions)	NAME/ADDRESS OF REPRESENTATIVE (Provide docket number or proof of appointment for any court appointed fiduciary.)
<u>Olivia</u>	<input checked="" type="checkbox"/> Minor List age: <u>14</u> <input type="checkbox"/> Incapacitated or protected person (adjudicated or alleged)	<input type="checkbox"/> Guardian <input checked="" type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	Carl Conservator
<u>Alaina</u>	<input checked="" type="checkbox"/> Minor List age: <u>17</u> <input type="checkbox"/> Incapacitated or protected person (adjudicated or alleged)	<input type="checkbox"/> Guardian <input checked="" type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	Carl Conservator

8. NONE of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased at the time of this filing except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE (Provide docket number or proof of appointment for any court appointed fiduciary.)
		<input type="checkbox"/> Personal Representative (Required for an informal proceeding) <input type="checkbox"/> Unrepresented (Formal proceeding required)	
		<input type="checkbox"/> Personal Representative (Required for an informal proceeding) <input type="checkbox"/> Unrepresented (Formal proceeding required)	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner _____

(Print name)

Surviving Spouse, Children, Heirs at Law

MPC 162

EXAMPLE #7

MUPC OR PRE-MUPC DEATH

NO SPOUSE, NO KIDS, NO PARENTS, NO SIBLINGS, NO NIECES OR NEPHEWS

Donna died on April 1, 2016. She was 103 years old. She was never married and never had children. Her parents and her four siblings are all deceased. None of her siblings had any children. A search reveals two surviving cousins of a deceased Aunt, Connie and Connor. Both cousins are minors.

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> Donna <small>First Name</small> </div> <div style="text-align: center;"> Middle Name </div> <div style="text-align: center;"> Decedent <small>Last Name</small> </div> <div style="text-align: center;"> Division </div> </div>		
Date of Death: <u>April 1, 2016</u>		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent ☒ did not leave a surviving spouse. ☐ left a surviving spouse:

NAME OF SURVIVING SPOUSE	ADDRESS (omit if since deceased)

2. a. The Decedent ☒ did not have children (biological or adopted). ☐ had the following children (biological or adopted):

NAME OF DECEDENT'S CHILD	ADDRESS (omit if deceased)	CHILD OF SURVIVING SPOUSE	A MINOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

- ☐ b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are not descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. ☐ a. All of the children listed in 2a survived the Decedent.
☐ b. The following children listed in 2a died before the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

- c. The predeceased child(ren) listed in 3b:

- ☐ did not leave surviving descendants (children, grandchildren, etc.) (biological or adopted).
☐ left the following surviving descendants (children, grandchildren, etc.) (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent ☒ did not leave a surviving parent. ☐ left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent ☒ did not leave a surviving sibling. ☐ left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

- b. ☐ One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

- ☒ The heirs at law are as follows:

For assistance, see the Instructions and the [Massachusetts Degree of Kinship Chart \(MPC 960\)](#). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
Connie Cousin	1 Anywhere Street Anywhere, MA 00000	1st Cousin	<input checked="" type="checkbox"/> Yes
Connor Cousin	1 Anywhere Street Anywhere, MA 00000	1st Cousin	<input checked="" type="checkbox"/> Yes

☐ After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal proceeding**.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. NONE of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY * (Guardian ad litem required unless waived. See Instructions)	NAME/ADDRESS OF REPRESENTATIVE (Provide docket number or proof of appointment for any court appointed fiduciary.)
<u>Connie Cousin</u>	<input checked="" type="checkbox"/> Minor List age: <u>6</u> <input type="checkbox"/> Incapacitated or protected person (adjudicated or alleged)	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Unrepresented*	
<u>Connor Cousin</u>	<input checked="" type="checkbox"/> Minor List age: <u>10</u> <input type="checkbox"/> Incapacitated or protected person (adjudicated or alleged)	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Unrepresented*	

8. NONE of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased at the time of this filing except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE (Provide docket number or proof of appointment for any court appointed fiduciary.)
		<input type="checkbox"/> Personal Representative (Required for an informal proceeding) <input type="checkbox"/> Unrepresented (Formal proceeding required)	
		<input type="checkbox"/> Personal Representative (Required for an informal proceeding) <input type="checkbox"/> Unrepresented (Formal proceeding required)	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

(Print name)

EXAMPLE

Donna Smith died April 1, 2016 with a will leaving:

- All tangible personal property to her daughter, Olivia;
- \$10,000 to her sister, Cherie, if she survives, otherwise to Cherie's son Charlie;
- \$1,000 to her brother Al, if he survives, otherwise to Al's son, Trevor.
- All the rest and residue to the Smith Family Trust, an inter vivos trust dated March 20, 2000. Sam Smith is the trustee for the benefit of Sam Smith, Olivia Smith, Alaina Smith and Aaron Smith.
- Al died before Donna on July 1, 2015;
- Cherie died after Donna on April 10, 2016.

DEWISEES G. L. c. 190B, § 3-301	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		
Estate of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">Donna <small>First Name</small></div> <div style="text-align: center;">_____ <small>Middle Name</small></div> <div style="text-align: center;">Smith <small>Last Name</small></div> </div>		Middlesex Division
Date of Death: <u>April 1, 2016</u>		

Form Use: This form must be used to identify a Decedent's devisees. Devisees are persons, entities, charitable organizations, or trusts designated in a will to receive the Decedent's personal or real property. In the case of a devise to an existing trust or trustee, or to a trustee or trust established by the will, the trust or trustee is the devisee and the beneficiaries are not devisees. For additional information, the Massachusetts Uniform Probate Code, G. L. c. 190B should be consulted.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the Instructions link above or see Instructions MPC 959.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent left a will dated March 20, 2000 . ☐ The dates of all codicils are: _____ . The will and any codicils are referred to as the will.
2. The following devisees named in the will to inherit personal or real property **were living** at the time of the Decedent's death. (Note: If the devisee is a trust, list the name of the trust and trustees. If any devisee is a charity, list the name of the charity and provide notice to the Massachusetts Attorney General. See G. L. c. 190B and Uniform Practice XXXIV).

NAME OF DEVISEE	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
Olivia Smith	1 Anywhere Street Anywhere MA 00000	Daughter	<input type="checkbox"/> Yes
Cherie Sibling		Sister	<input type="checkbox"/> Yes
Smith Family Trust; Sam Smith Trustee	1 Anywhere Street Anywhere MA 00000	Spouse/Trustee	<input type="checkbox"/> Yes

3. ☒ The following devisees named in the will to inherit personal or real property **were not living** at the time of the Decedent's death.

NAME OF PREDECEASED DEVISEE	DATE OF DEATH	RELATIONSHIP TO DECEDENT
(1) Al Sibling	July 1, 2014	Brother

4. ☒ If the will names one or more persons to take in place of the pre-deceased devisee, or if the anti-lapse statute (G. L. c. 190B, § 2-603) applies, list the contingent devisee(s). Do not include residuary devisees named elsewhere.

NAME OF CONTINGENT DEVISEE	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
(1) Trevor	1 Anywhere St Anywhere MA 00000	Nephew	<input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> Yes

ALL PETITIONERS MUST COMPLETE LINE 5 AND LINE 6, if applicable.

5. NONE of the devisees are under legal disability except for:

NAME OF DEVISEE	LEGAL DISABILITY	REPRESENTED BY <i>*(Guardian ad litem required unless waived. See Instructions)</i>	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
Trevor	<input checked="" type="checkbox"/> Minor List age: <u>2</u> <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i> <input type="checkbox"/> Unborn or unascertained	<input type="checkbox"/> Guardian <input checked="" type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	Carl Conservator
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i> <input type="checkbox"/> Unborn or unascertained	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

6. NONE of the devisees who survived the Decedent are deceased at the time of this filing except for:

NAME OF SINCE DECEASED DEVISEE	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
Cherie Sibling	4/10/2016	<input checked="" type="checkbox"/> Personal Representative <i>(Required for an Informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	Pat PR, 1 Main St Anywhere MA
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

(Print name)