## STATE OF CONNECTICUT

## COURT OF PROBATE

[Type or print in black ink. File in duplicate.]

TO: COURT OF PROI	BATE, DISTRICT OF	DISTRICT NO.	COURT FILE NO.
IN THE MATTER OF 7	THE LAST WILL AND TESTAMENT OF		DATE OF DEATH
	LATE OF	,DECEASED	SOCIAL SECURITY NO.
NAME, ADDRESS, AN	ID RELATIONSHIP OF SUBSCRIBER TO DECEAS		DATE(S) OF INSTRUMENT(S)
The undersigned hereby	v certifies to his or her best knowledge and belief that:		
the deceased left n	o assets to be administered in accordance with the law,	, or	
	been made for settlement of the estate by affidavit in li and codicil(s), if any, to said court for filing only.	eu of administration (C.G.S. § 45	a-273) and, therefore,
		Petitioner	
Receipt of the above will	, and codicil(s), if any, is hereby acknowledged.		
Dated at:	,Connecticut, on [Month, Day, Year]		
		□ Judge [	Clerk 🗌 Ass't Clerk
AFFIDAVIT FOR FILIN PC-211	NG WILL NOT SUBMITTED FOR PROBATE		