

**STATE OF VERMONT**

**SUPERIOR COURT**

**PROBATE DIVISION**

[ ]

**Unit**

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

**In re ESTATE OF**

Decedent  
[ ]

**VERIFIED PETITION FOR  
ISSUANCE OF CERTIFICATE OF PRESUMED DEATH**

I, [ Name of Petitioner ] state that [ Name of Person ] :

1. Was a resident of this probate unit;
2. Has been absent for a continuous period of five years;
3. Has not been heard from or, after diligent search, been seen, during this period; and
4. There is no satisfactory explanation for this person's absence.
5. This person was last seen alive on \_\_\_\_\_ Date

I am related to [ Name of Decedent ] in that I am his/her [ Spouse, child, other near relative ]

To the best of my knowledge, and belief, the following statements are true about this person:

Date of Birth / /	Birthplace (Town and State)	Marital Status	
Mother/Parent's Birth Name	Father/Parent's Birth Name	Spouse/Civil Union Partner	
Last Residence		Ever in U.S. Armed Forces	Veteran of Any War
Occupation	Business/Industry	Education	
Hispanic Origin	Race	Sex	

Therefore, I request the Court to direct the Chief Medical Examiner to complete and sign a certificate of presumed death of this person.

Attached are:

- (1) Entry fee of \$ [ ] payable to "Vermont Superior Court" [see instructions]
- (2) One or more affidavits of diligent search for the person.
- (3) List of Interested Persons [Probate Form 2]

PETITIONER SIGNATURE:  
Petitioner Signature

\_\_\_\_\_  
Date

Petitioner name	
Mailing Address	
City, State, Zip	
Telephone Number	Email

