

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Estate of _____

Case Number: _____
 (if known)

MOTION FOR COMMISSIONER OF INSOLVENCY

1. Fiduciary Name _____ Telephone _____

Mailing Address _____

Fiduciary Name _____ Telephone _____

Mailing Address _____

2. Attorney Name _____ Telephone _____

Mailing Address _____ Bar ID# _____

3. Based on the following statement of debts and assets, the fiduciary believes it is in the best interest of all parties to administer the estate as insolvent.

STATEMENT OF DEBTS AND ASSETS

DEBTS

A. Debts against the estate, per schedule attached \$ _____

B. Funeral expenses \$ _____

C. Allowance to widow \$ _____

D. Estimated expenses of administration \$ _____

TOTAL ESTATE DEBTS	\$ _____
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ASSETS

A. Real and personal property per inventory \$ _____

B. Income earned from all sources \$ _____

C. Personal property not appraised \$ _____

TOTAL ESTATE ASSETS	\$ _____
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TOTAL DEFICIT	\$ _____
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I request that this estate be administered as insolvent and that _____ whose mailing address is _____ be appointed commissioner of the estate.

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I certify that a copy of this document has been provided to the parties who have filed an appearance for this case or who are otherwise interested parties.

Date

Fiduciary Signature

Date

Fiduciary Signature

ORDER

Motion is granted. Warrant to issue.

Motion is denied.

Date

Judge