P-13 (10/96)

PROBATE PROCEEDING WILL OF JAMES GANDO		_x	- Affidavit of Companis	of the Will/Codicil to this on executed by any two by of the Will is used, only a the affidavit.)
	Daceased.	х		13-2548
STATE OF NEW YORK	) (	95.:		
(we have) carefully comporiginal Will dated theda	NHITE (and) MAYRA VII ared the copy of decedent's  19th day of December by of).  said original Will/Codicil and	Will propounded he 2012, (and the capout to be filed for	erein to which this effice original NA Codic or probate, and that the	wit is annexed with the
Sworn to before me the day of JULY  Notary Pyolic Commission Expires: (Affix Notary Stamp or	plan	Conuty Conuty	Print	ITE Name Vilcu
Name of Attorney	Barry N. Kaplan		Tel, No.:	
Address of Attorney_				

•	Filing Fee Paid \$
The second secon	Četa S
STATE OF NEW YORK SURROGATE'S COURT: COUNTY OF NEW YORK	\$Bond, Fee: \$ Receipt No:No:
	PETITION FOR PROBATE AND:
PROBATE PROCEEDING, WILL OF JAMES GANDOLFINI	[X] Letters Testamentary
BIR JAMES JOHN GANOOLFINI and JIM GANDOLFINI	[X] Letters of Trusterahip [ ] Letters of Administration c.t.a.
Deceased.	File No. 13-2546
B255554	X File No. 1 U . E V - 1
	Surrogate's Court, County of New York
It is respectfully alleged: 1.(e) The name, chizenship, domicile (or, in the	case of a bank or trust company, its principal office) and interest in this
proceeding of the petitioners are as follows:	
1441146	
Domicile or Principal Office	(Strael and Mumber)
(City, Village or Town) (State)	(Zip Code)
Mailing Address:	(If different from do nicile)
Citizen of: USA	
Name: Leta Gandolfini	
Domicile or Erierical Office;	
(City, Village or Town) (State)	(Zip Code)
Mailing Address:	(If different from demicile)
Cilizen of: USA	
SEE ATTACHMENT FOR ADDITIONAL PETITIONER INFO	RMATION
Interest (s) of Petitioner (s): [Check one] [X] Executors nar [ ] Other (Speci	ned in decedent's Will
1.(b) One of the proposed Executors[X] is an INOTE: A sole Executor-Attorney must co	attorney. ) mply with 22 NYCRR 207.16(e))
1.(c) One of the proposed Executors ( X ) is the [NOTE: An attorney-draftsperson, a then-	ne altomey-draftsperson, a then affiliated attorney or employee thereof. affiliated attorney or employee thereof must comply with SCPA 2307-aj
2. The name, domicile, date and place of det	ath, and national citizanship of the above-named decodent as follows:
(a) Name: James John Gandolfini 🔺 📢 🛧	TAMES Gandolfini and Tim Gandolfini
(b) Date of death June 19, 2013	, and the second
(c) Place of death Policianico Umberto I. Rome,	. Italy
(d) Domicile: Street	
Gity, Town, Village	
County New York	State New York
(e) Citizen of the United States of America	
3. The Last Will, herewith presented, relating the last umants dated as shown below and signed at the and the	es to both real and personal property and consists of an instrument opport by the decedent and the following ediesting witnesses:
	ugh, Mayra Viiche and Janeth Leon
NONE	An Marian - Program
(Date of Codicil) (Date of Codicil)	(Names of All Witnesses to Codicil) (Names of All Witnesses to Codicil)

SURROGATE'S COURT: COUNTY OF NEW YO	RK
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PROBATE PROCEEDING. WILL OF JAMES GANDOLFINI RIVIA JAMES JOHN GANDOLFINI and JIM GANDOLFINI

Deceased.

Question 1 (a) Continued 1.(a) The name, citizenship, domicile (or, in of the petitioners are as follows:	the case of a	bank or trust company, its principal	office) and interest in this proceeding
Name:Roger S. Haber_			
Domicite or Principal Office:		(Stiget and whiteet)	
	California_		(Zip Ccoe)
(City, Village of Town)	(State)		
Mailing Address:		(If different from domicile)	
Cilizen ofUSA		and Annual Control of the Control of	

		IONE	
5. classes of si number of si	The decadent relatives to the control of the contro	was survived by distributees classified as follows who would take the property of decedent pursuass. Insert "NO" in all prior classes, Insert "X" in	: [Information is required only as to those and to EPTL 4-1.1 and 4-1.2. State the all subsequent classes].
	a1_{ }	Spouse (wife).	
	b. <u>2</u> []	Child or children and/or Issue of predeceased of nonmarital, adopted, or adopted-out of child	hild or children. [Must include marital, under DRL Section 117]
	cX[ ]	Mother/Father.	
	d. <u>X</u> []	Sisters and/or brothers, either of the whole or h sisters and/or brothers (nieces/nephews, etc.)	alf blood, and issue of predeceased
	eX[ ]	Grandparents. [Include maternal and paternal]	
	fX( ]	Aunts and/or uncles, and children of predecess [include maternal and paternal]	•
	gX_[]	First cousins once removed (children of predec paternal)	eased litat cousins). (Include maternal a
purported a persons has	xercise by such V ring an interest un s (a) and (b).	relationships, domicine and addresses of the disc ne Will herewith presented as primary executor, vill of any power of appointment, of all persons a der any other will of the decedent on file in the St	irrogate's Court, are hereinafter set forth
substitute, i	ist the names, rel	ationships, domicile and addresses of the truste	er vivos trust or any other testament e and beneficiaries affected by the wil
substitute, i subparagra	ist the names, rel phs (a) and (b) bel	ationships, domicile and addresses of the truste ow. Submit trust agreement)	is and hallsuniques success of the an
subparagra (e	ist the names, rel phs (a) and (b) bel	ationships, domicile and addresses of the truste	is and hallsuniques success of the an
subparagra (a	ist the names, rel phs (a) and (b) bel i) All persons a s, are as follows:	ationships, domicile and addresses of the truste ow. Submit trust agreement)	sound mind or which are corporations  Description of Legacy, Devis  or Other Interest, or Natu
subparagra (c association Name and Relationsh	ist the names, rel phs (a) and (b) bel i) All persons a s, are as follows:	ationships, domicile and addresses of this truste low. Submit trust agreement) and parties so interested who are of full age and Domicile Address and Mailing Address	Description of Legacy, Devis or Other Interest, or Natu of Flouciary State  (1)Other Tangible Personal Property of Decedent per Paragraph, Third B of Will (2) Twenty Percent (20%) of
subparagra (c association Name and Relationsh	ist the names, rel phs (a) and (b) bel i) All persons a s, are as follows:	ationships, domicile and addresses of this truste low. Submit trust agreement) and parties so interested who are of full age and Domicile Address and Mailing Address	Description of Legacy, Devis or Other Interest, or Natu of Flouciary State  (1)Other Tangible Personal Property of Decadent per Paragraph, Third B of Will (2) Twenty Percent (20%) of Residuary Estate per Paragraph Eighth A iii of Will (3) Co-Executor & Co-Truste
subparagra (a association Name and Relationsh Deporah Lii	ist the names, rel phs (a) and (b) bel a) All persons a s, are as follows: hip	ationships, domicile and addresses of this truste low. Submit trust agreement) and parties so interested who are of full age and Domicile Address and Mailing Address	Description of Legacy, Devis or Other Interest, or Natu of Flouciary State  (1)Other Tangible Personal Property of Decedent per Paragraph, Third B of Will (2) Twenty Estate per Paragraph Eighth A iii of Will (3) Co-Executor & Co-Truste per Para, Fourteenth A & B of

(b)	All persons so interested who are persons under disability, are as follows:
(0)	[Furnish all information specified in NOTE following 7b]

-		
Name and Relationship	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
Michael Gandolfini Son Born 05/10/1999 No court appointed guardian	lives with mother and natural guardian Marcella Wudarski Gandolfini at	None Intestate Distributee
Liliana Ruth Gandolfini Daughter Born 10/10/2012	lives with mother and natural guardian Debra Lin at	Per Pare, Eighth A iv of Will Intestate Distributee
No court appointed guardian		Intestate Distributes
the second and albert headfrieries	y of all substitute or successor executors and named in the Will and/or trustees and benet an those named in Paragraph 6 herewith are	TOTAL STATE OF COLUMN ASSOCIATION ASSOCIAT
Name	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
SEE ATTACHED LIST		
(b) All such legatees, devises [Furnish all information specified in NOTE	s and other beneficiaries who are persons ur below]	nder disability are as follows:
Name	Domicite Address and Malling Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
NONE		
ILLAWAY I. J	Learne high date relationship to decedent	domicile and residence address.
and the person with whom he/she resides, whether or not his/her father and/or mothe guardian and the information regarding suname, relationship to decedent, and reside committee, conservator, guardian, or any committed to any institution, and (c) the recursory of him/her, conservator, guardian, conservator, conservator, guardian, conservator, contined as a prisoner, state place	) name, birth date, relationship to decedent, (b) whether or not he/she has a court-appoint is living, and (c) the name and residence ach appointment. In the case of each other percence address, (b) facts regarding his disability of the fiductary has been appointed and whether fiductary has been appointed and whether ames and addresses of any committee, persend any relative or friend having an interest of incarceration and list any person having and the same language as will be used in the person the same language as will be used in the person having and the same language as will be used in the person having and the same language as will be used in the person having and the same language as will be used in the person having and the same language as will be used in the person having and the same language as will be used in the person having and the same language as will be used in the person having and the same language as will be used in the person having and the same language as will be used in the person having and t	nied guardian (if not, so state), and idress of any court-appointed arson under a disability, state (a) y including whether or not a ner or not he/she has been on or institution having care and in his/her welfare. In the case of a in interest in his/her welfare. In the
to the decedent, such as alterney, accoun-	propounded will, listed in Paragraph 6 or 7 ab tant, doctor, or clargyperson, except: [Enter ONE	nove, had a confidential relationship "NONE" or indicate the nature of

SURROGATE'S COURT: COUNTY OF NEW YORK

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PROBATE PROCEEDING, WILL OF JAMES GANDOLFINI arva JAMES JOHN GANDOLFINI and JIM GANDOLFINI

Deceased.

Question 7 (a) Continued

7. (a) The names and domiciliary of all substitute or successor executors and of all trustees, guardians, legatees, devisees, and other beneficiaries named in the Will and/or trustees and beneficiaries of any inter vivos trust designated in the propounded Will other than those named in Paragraph 6 herewith are as follows:

Description of Legacy, Devise Domicile Address and Name or Other Interest, or Nature Malling Address of Fiduciary Status Substitute Trustee Paragraph Johanna Antonacci Fourteenth 8 of Will and Substitute Guardian Paragraph Fifteen of Will and Thirty Percent (30%) of Residuary Paragraph Eighth A I of Will eta Gandolfini Thirty Percent (30%) of Residuary Paragraph Eighth A li of Will & Co-Executor & Co-Trustee Para Fourteenth A & E of Will Guardian Para. Fifteen of Will Bequest of \$ 200,000 Para. Paulette Flynn Bourne a/k/a Trixie Bourne Fourth A of Will Bequest of \$ 50,000 Para. Fatima Bae Fourth 8 of Will Bequest of \$ 500,000 Para. Laura Antonacci Fourth C of Will Bequest of \$ 500,000 Para. Jenna Antonacci Fourth D of Will Bequest of \$ 100,000 Para. Robert Joseph Parish Fourth E of Will Bequest of \$ 200,000 Para. Thomas A. Richardson Fourth F of Will Bequest of \$ 50,000 Para. Doug Katz Fourth G of Will Option to Purchase Condo Trust f/b/o Michael Gandolfini dtd 12/20/2002 Pera. Fifth Attention: Leta Gandolfini, Trustee

*	(b) No persons, corporations or associations are interested in this proceeding other than those mentioned above.
the dec	9. (a) To the best of the knowledge of the undersigned, the approximate total value of all property constituting tedent's gross testamentary estate is greater than \$ 1,000,000 but less than \$ 10,000,000.
	Personal Property 5: 2,000,000 Improved real property in New York State \$_4,000.000 Unimproved real property in New York State \$0
	Estimated gross rents for a period of 18 months \$ -0-
estate;	(b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the except as follows: [Enter "NONE" or specify] NONE
admin	10. Upon information and belief, no other petition for the probate of any will of the decedent or for letters of stration of the decedent's estate has heretofore been filed in any court.
order l	WHEREFORE your petitioner (s) pray (s) that process be issued to all necessary parties to show cause why the tothe Codicil (s) set forth in Paragraph 3 and presented herewith should not be admitted to probate; (b) that an one granted directing the service of process, pursuant to the provisions of Article 3 of the S.C.P.A., upon the persons in Paragraph (6) hereof whose names or whereabouts are unknown and cannot be ascertained, or who may be so in whom service by personal delivery cannot be made; and (c) that such Will and Codicil (s) be admitted to see a Will of real and personal properly and that letters issue thereon as follows: [Check and complete all relief requested.]
[x]	Letters Testamentary to Deborah Lin, Leta Gandolfini and Roger S. Haber
[X]	Letters of Trusteeship to Deborah Lin, Leta Gandolfini and Roger S. Haber Ilbio Lillana Ruth Gandolfini and Michael Gandolfini (Ibio
	f/b/o
	Letters of Administration c.t.a to
	and that petitioner (s) have such other relief as may be proper.
Dated	: June 28, 2013
1	(Signature of Petitioner)  2.   (Signature of Petitioner)
3	DEBORAH LIN LETA GANDOLFINI (Print Name)
<del>varanti</del>	( Signature of Pélitioner)  ROGER S. HABER  (Print Name )

# COMBINEO VERIFICATION, OATH AND DESIGNATION [For use when petitioner is an individual]

STATE OF NEW YORK ) COUNTY OF NEW YORK ) ss.:	
The undersigned, the petitioner named in the foregoing petition,	heing duly sworn, says:
<ol> <li>VERIFICATION: I have read the foregoing petition subst the same is true of my own knowledge, except as to the matters therein and as to those matters I believe it to be true.</li> </ol>	cribed by me and know the contents thereof, and stated to be alleged upon information and belief,
2. OATH OF [X] EXECUTOR and over eighteen (16) years of age and a citizen of the United States and I will duties of Fiduciary of the goods, chattels and credits of said decedent activities and will duty account for all moneys and other property that will occur	cording to lew. I am not ineligible to receive me into my hands.
3. DESIGNATION OF CLERK FOR SERVICE OF PROCE Surrogate's Court ofNEW YORK County, and his/her successory process, issuing from such Court may be made in like manner and we whenever I cannot be found and served within the State of New York.	issor in onice, as a person on whom serves of with like effect as if it were served personally upon
My domicile is: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	(Slate) (Zip)
(Signature of Partitioner)	
RØGER S. HABER(Print Name)	
on June 28	2013, before me personally came
ROGER S. HABER	in instrument. Creat someon duly pures to rush
to me known to be the person described in and who executed the foregoinstrument before me and duly acknowledged that he/she executed the	same.
2	
Notary Public VALERIE A. BAUGH Commission Expires: Notary Public, State Of New York (Affix Notary Stamp or Seal)  (Affix Notary Stamp or Seal)  Commission Expires	·
Signature of Attorney: Dany Washing	
Print Name: BARRY N. KAPLAN	
Firm Name: KRADITOR & HABER, LLP	Tel No.
Address of Attorney:	

# COMBINED VERIFICATION, OATH AND DESIGNATION (For use when petitioner is an individual)

STATE OF NEW YORK ) COUNTY OFNEW YORK) ss.:
The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:
1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.
2. OATH OF [X] EXECUTOR and [X] TRUSTEE as indicated above: I am over eighteen (1B) years of age and a citizen of the United States and I will well, faithfully and honestly discharge the duties of Flduciery of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.
3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court ofNEW YORK County, and his/her successor in office, as a person on whom service of any process, issuing from such Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.
My domicile is : (City/TownYIIIBge) (City/TownYIIIBge)
Delevel (Signature of Petitioner)
DEBORAH LIN(Print Name)
On June 28 . 2013 . before me personally came.
DESORAH LIN
Notary Public Commission Expires: (Affix Notary Stamp or Seal)  Notary Public. State Of Maw York No. 02BA6066596  Qualified in Suffok County 2  Commission Expires 1119112
Signature of Attorney: Dary May Cyplain
Print Name: BARRY N. KAPLAN
Firm Name: KRADITOR & HABER, LLPTel No.

## COMBINED VERIFICATION, OATH AND DESIGNATION [For use when petitioner is an individual]

	•			
STATE OF NEW YORK COUNTY OFNEW Y	ORK ) \$5.	b		
	, the petitioner named in the	foregoing petition, being t	duly sworn, says:	
1 VERIFIC the same is true of my of and as to those matters i	CATION: I have read the foreg wn knowledge, except as to t I believe it to be true.	going petition subscribed the matters therein stated	by me and know the conte I to be alleged upon informa	
duties of Fiduciary of the letters and will duly acco	F [X]EXECUTOR of age and a citizen of the Ur goods, chattels and credits o unt for all moneys and other p	property that will come int	o my hands.	
Surrogate's Court of	IATION OF CLERK FOR SET NEW YORK County in such Court may be made in the found and served within the	, and his/her successor with like	e effect as if it were served t	ierk of the m service of personally upon
My domicile is :/(Sti	reet Address)	(Cilàx Lowux ana Re)	(Ciate) (City	<del></del> ,
Kita /a	indoldi.			
(Signature of Pe	J			
LETA GANDO (Print Name				
On	June 28	. 2013_	, before me perso	nally came
LETA GAI	NDOLFINI terson described in and who s	was utad the foregoine in	etrument Such person duk	swore to such
to me known to be the p instrument before me ar	ierson described in and wild that he	Ashe executed the same.	Gir#(bi@ti#) Amesia kanizai, arai∜	
282				
Notary Publis— Commission Expires: (Affix Notary Stamp or S	VALERIE A Notery Public, St No. 028A Qualified in St Commission, Expire	atia Of New York		
Signature of Attorney:	Barry k. K	cyslan		and the second s
Print Name; BARRY N.	KAPLAN	The second secon		
Firm Name: KRADITOR	& HABER, LLP	Ts.	l No.	······································
Address of Altorney			Michigan Land a service december 2005	

SURROGATE'S COURT STATE OF COUNTY OF NEW YORK	NEW YORK x	AFFIDAVIT OF ATTESTING WITNESS
PROBATE PROCEEDING WILL OF JAMES GANDOLFINI a/k/a JAMES JOHN GANDOLFINI an GANDOLFINI	d JIM DeceasedX	(After Death) Pursuant to SCPA 1406 Ple No. 13-254
STATE OF NEW YORK COUNTY OF NEW YORK	) ) ss.:	
The undersigned witness, being duly	swom, deposes and says:	
(1) I have been shown (check on (XX)) the original instrument ( ) a court-certified photo purporting to be the tast Will and Test	nt dated December 19, 201; paraphic reproduction of the	original instrument dated
(2) On the date indicated in such same at the place where decedent's last Will and Testament/Codicil.	instrument (under the supe signature appears, and I he	ervision of an attorney), I saw the decedent subscribe the ard the decedent declare such instrument to be his/her
(3) I thereafter signed my name other witnesses) Mayra Vilche and J	to such instrument as a witr aneth Leon sign their name	less thereto at the request of the decedent, and I saw the s (s) at the end of such instrument as a witness thereto.
(4) At the time the decedent sub knowledge and belief upwards of 18 memory and understanding, compete	vears of age, and in all resp	instrument, the decedent was to the best of my ects appeared to be of sound and disposing mind. nder any restraint.
hearing or speech, or any other phys	ical or mental impairment, v	lish language, and was not suffering from defects of sight, which would affect his/her capacity to make a valid will. executed on that occasion, and was not executed in
(6) I am making this affidavit at t	he request of Barry N. Kap	(Witness Signature)
		Valerie Baugh (Print Name)
		(Street Address)
Sugara hadasa waa ibba 1954h		(Town/State/Zip)
Sworn before me this 25th day of June , 2013  Notary Public Commission Expires: (Affix Notary Stamp or Seal)	NOTARY PUBLIC-S No. 02K	N KAPLAN HATE OF NEW YORK A7154570 Istohesier County Xphos July 31, 2014

[Note: Each witness must be shown either the Original Will or a Count-Certified Reproduction thereof. The Notary Public subactibing to this affidavit may Not be a party or witness to the Will.]

SURROGATE'S COURT STATE C COUNTY OF NEW YORK	F NEW YORK	_x	AFFIDAVIT OF ATTESTING WITNESS
PROBATE PROCEEDING WILL OF JAMES GANDOLFINI BIKIR JAMES JOHN GANDOLFINI	and JIM		(After Death) (18-25- Pursuant to SCPA 1406 File No.
GANDOLFINI	Deceased.	x	
STATE OF NEW YORK COUNTY OF NEW YORK	) ) ss.:		
The undersigned witness, being di	uly swom, depos	es and says:	
(1) I have been shown [check (XX) the original instruction () a court-certified plant purporting to be the last Will and T	nent dated Dece sotopraphic reord	duction of the	oliginal institument osteo
(2) On the date indicated in signame at the place where decedentiast Will and Testament/Codicil.	uch instrument (t t's signature app	Inder the supe ears, and I he	ervision of an attorney), I saw the decedent subscribe the and the decedent declare such instrument to be his/ner
(3) I thereafter signed my nan other witnesses) Valerie Baugh a	ns to such instru nd Mayra Vilche	ment as a wit nen 1iert nen	ness thereto at the request of the decedent, and I saw the nes (s) at the end of such instrument as a witness thereto.
(4) At the time the decedent s knowledge and bellef upwards of memory and understanding, comp	18 years of age, :	aπd in all resp	instrument the decedent was to the best of my sects appeared to be of sound and disposing mind, under any restraint.
bearing or creach or any other of	rysicai oc mental	.impairment. v	lish language, and was not suffering from defects of sight, which would affect his/her capacity to make a valid will, executed on that occasion, and was not executed in
(6) I am making this affidavit	at the request of	Ваггу N. Кар	lan, Esq.
			Jonetto Feel. (Witness Signature)
			Janeth Leon (Print Name)
			(Street Address)
			(Tovn/State/Zip)
Swom before me this 25th day of June 201:	N	OTARY PUBLIC No. 02	N KAPLAN STATE OF NEW YORK KA7156570
Notary Pupilic Commission Expires: (Affix Notary Stamp or Seal)			resichester County Expires July 31, 2019

[Note: Each witness must be shown either the Original Will or a Court-Certified Reproduction thereof. The Notary Public subscribing to this affidavit may Not be a party of witness to the Will.]

SURROGATE'S COURT STATE OF COUNTY OF NEW YORK	NEW YORK	AFFIDAVIT OF ATTESTING WITNESS (After Death)
PROBATE PROCEEDING WILL OF JAMES GANDOLFINI BINA JAMES JOHN GANDOLFINI	nd JIM	Pursuant to SCPA 1406 File No
GANDOLFINI	DeceasedX	
STATE OF NEW YORK COUNTY OF NEW YORK	) ) ss.:	
The undersigned witness, being duly	y sworn, deposes and says:	
(1) I have been shown [check of (XX)) the original instrume ( ) a court-certified phopurporting to be the last Will and Te	ent dated December 19, 2012 tographic reproduction of the	Dudiusi manatant dateo
same at the place where decedent's tast Will and Testament/Codicil.	s signature appears, and I ne	rvision of an attorney), I saw the decedent subscribe the ard the decedent declare such instrument to be his/her
other witnesses) Valerie Baugh and	i Janeth Leon sign their nam	less thereto at the request of the decedent, and I saw the es (s) at the end of such instrument as a witness thereto.
knowledge and belief upwards of 18 memory and understanding, compa	3 years of age, and in all resp tent to make a will, and not u	
ு ட்ட உர்பாட்டாக காக காக காக காக காக்க்கள் <b>காக</b> ர	isiasi at montsi impairmett v	lish language, and was not suffering from defects of sight, which would affect kis/her capacity to make a valid will. executed on that occasion, and was not executed in
(6) I am making this affidavit al	the request of Barry N. Kap	lan, Esq.
		Waya Vuu (Witness Signature)
		Mayre Vliche (Print Name)
	·	,
		(2neer Wodiese)
		(Town/StaterZIP)
Sworn before me this 25th day of, 2013	BAR NOTARY PUBLI	ry n Kaplan C-State of New York
Notary Pyblic Commission Expires:	No.	02KA7156870 Westphesier County on Expires July 31, 2019
(Affix Notary Stamp or Seal)		

[Note: Each witness must be shown either the Original Will or a Court-Certified Reproduction thereof. The Notary Public subscribing to this affidavit may Not be a party or witness to the Will.]

STATE OF NEW YORK SURROGATE'S COURT: COUNTY OF NEW YORK

PROBATE PROCEEDING

AFFIDAVIT RE NO NEED FOR GUARDIAN AD LITEM File No. 2013-2546

WILL OF JAMES GANDOLFINI and JIM GANDOLFINI

Valerie A. Baugh, being duly sworn, deposes and says:

That I am attorney admitted to practice before the Courts of the State of New York and have knowledge of the following facts because I have acted as the decedent's business manager for approximately the past fifteen years.

That I make this affidavit to advise the Surrogate's Court of New York County that there is no need to appoint a guardian ad litem for Michael Gandolfini the minor son of the decedent.

Michael Gandolfini was born on May 10, 1999 to James Gandolfini and Marcella Wudarski Gandolfini who were then married.

That when the decedent and his first wife, Marcella Wudzrski Gandolfini, were divorced as a part of the divorce settlement an insurance trust was created for the benefit of their son, Michael Gandolfini

That insurance trust dated December 20, 2002 owns a life insurance policy upon the life of the decedent in the sum of \$7 million.

That the Trustee of that insurance trust is Leta Gandolfini the sister of the decedent and aunt of Michael Gandolfini.

Therefore, the decedent, knowing he had made provision for his son outside of his Will, made no provision for him in his Will. This is stated in Paragraph Ninth of his Will submitted for probate to this Court.

That I make this affidavit under penalties of perjury knowing that the Surrogate's Court of New York County will rely upon the same.

/klerie A. Beuch

Swam to me this 2<sup>nd</sup> day of July 2013

Make Duklin

BARRY N KAPLAN
NOTARY PUBLIC-STATE OF NEW YORK
NO. 02KA7156570
Qualified in Westchester County
My Commission Expires July 31, 20 4

New York?
PRI

JUL -9 (161)

Clark

	X	
PROBATE PROCEEDING, WILL OF JAMES GANDOLFINI		NOTICE OF PROBATE
a/wa JAMES JOHN GANDOLFINI	(SCPA 1409)	
	Deceased. X	File No
Maties is hardby given that		
Notice is hereby given that:	en noan court mouthly actual talks	A. 3
	19, 2012 (and Codicil datedNA	
(and Codicil dated_ NA _) of the at		707777777777777777777777777777777777777
		ourt for the County of New York
2. The name (s) of proponent	t (s) of said Will are Debra Lin, Let	eta Gandolfini and Roger S. Haber
whose address(es) are		
	respectively	
has not appeared, or waived services legates, devises, trustes, guard	e of process, with a statement wh ian or substitute or successor exe , the name and post office address	r referred to in the petition who has not been served hether such person is named or referred to in the will ecutor, trustee or guardian, and as to any such persons as of a person upon whom service of process may be
NAME	MAILING ADDRES	SS NATURE OF INTEREST OR STATUS
	SEE ATTACHED LIST	
(USE ADDITIONAL SHEETS IF NE	CESSARY)	
Date July /	•	,
•		of age or older, list and mail to infant as well as
Name of Attorney: Barry N. Kaplan		
taging of Attortion, Party M. Manian	Tel. No	
Address of Attorney:	Tel. No	

STATE OF NEW YORK SURROGATE'S COURT: COUNTY OF NEW YORK

PROBATE PROCEEDING. WILL OF JAMES GANDOLFINI

aik/a JAMES JOHN GANDOLFINI and JIM GANDOLFINI

Deceased.

#### LIST OF PERSONS GIVEN NOTICE OF PROBATE

Nature of Interest or Status Name Domiclie Address and Mailing Address Johanna Antonacci Substitute Trustee Paragraph Fourteenth B of Will and Substitute Guardian Paragraph Fifteen of Will and Thirty Percent (30%) of Residuary Paragraph Eighth A i of Will Paulette Flynn Bourne a/k/a Trixie Bourne Bequest of \$ 200,000 Para. Fourth A of Will Fatima Bae Bequest of \$-50,000 Para. Fourth 8 of Will Laura Antonacci Bequest of \$ 500,000 Pars. Fourth C of Will Jenna Antonacci Bequest of \$ 500,000 Para. Fourth D of Will Robert Joseph Parish Bequest of \$ 100,000 Para: Fourth E of Will Thomas A. Richardson Bequest of \$ 200,000 Para. Fourth F of Will Doug Kalz Bequest of \$ 50,000 Para. Fourth G of Will

### AFFIDAVIT OF MAILING NOTICE OF PROBATE

STATE OF NEW YORK )		
COUNTY OF NEW YORK)	•	
ALEXCIA WHITE , resid	ding at	·
being duly sworn, says that he/she is over the	e age of 18 years, that on the	1st day
July_, 2013, he/she deposited in the	post office box regularly maintained	by the government of the
United States in theCity and Countyc	ofNew York,	State of New York, a cop
of the foregoing Notice of Probate contained i	n a securely closed postpaid wrapp	er directed to each of the
persons named in said notice at the places set	opposite their respective names.	
	Alleran	White
Sworn to before me this1st		nature
Notary Public Commission Expires: (Affix Notary Stamp or Seal)	Alexcia White	t Name
BARRY N KAPLAN NOTARY PUBLIC-STATE OF NEW YORK NO. 02KA7186870 Qualified in Westchester County My Commission Expires July 31, 20_7		
		,
Name of Attorney Barry N. Kaplan	Tel. No.:	
Address of Attorney_		

STATE OF NEW YORK SURROGATE'S COURT: COUNTY OF NEW YORK

PROBATE PROCEEDING

WILL OF JAMES GANDOLFINI and JIM GANDOLFINI

AFFIDAVIT RE REMOVED STAPLES File No. 2013-2546

Barry N. Kapian, being duly sworn, deposes and says:

That the original Will of James Gandolfini bears staple holes indicating that staples had been inserted and removed from the Will.

That the staple holes resulted from the staples being removed after the death of the decedent in order to make photocopies of the original Will. After the original Will was photocopied new staples were placed into the Will to hold it together.

That no pages of the original Will were replaced or changed.

That the original Will submitted to the Surrogate's Court for probate contains all of the original pages as written and approved by the decedent. That I know the same because I was the attorney draftsman of said Will.

That I make this affidavit under penalties of perjury knowing that the Surrogate's Court of New York County will rely upon the same.

Harry N Kapian

Sworn to me this 2<sup>nd</sup> day of Joly 2013

Notary Public

VALERIE A. BAUGH
Notary Public, State Of New York
No. 02BA6086598
Ouellfied in Suffoil County, Z
Commission Expires

New Year County Successives Court
PROPORTE BERT

INT. - 2 2013

Clark