

Michael Elbery
120 Old Pleasant St., Apt. 7
Lee, Mass. 01238
413-394-5003
5-31-17

Norfolk Probate and Family Court
35 Shawmut Road
Canton, MA. 02021

RE: Probate of the Estate of June Elbery – NO15P1491EA

Dear Clerk:

Please find enclosed for immediate filing a review,

Petition to Render Inventory and Account of PR of Estate of June Elbery, Attorney James A. McLaughlin. (2 pages).

Thank you.

A handwritten signature in black ink, appearing to read "Michael Elbery". The signature is fluid and cursive, with a long horizontal stroke at the end.

Certificate of Service

I, Michael Elbery, heir to the Estate of June Elbery, Norfolk Probate Court NO15P149EA, certify that I sent the attached to the Clerk at Norfolk County Probate Court at 35 Shawmut Road, Canton, Mass. 02021 and to the Petitioner's, David Elbery's, and to David Elbery's, attorney, Billy Crowe at 77 Franklin St., 3rd floor, Boston, Mass. 02110, and, Kathleen Elbery at 168 Fairfield St., Needham, Mass. 02492 Joyce Elbery at 1801 Lenox Road East, Palm Harbor, Florida 34683 Robert Elbery, 100 Acorn St., Millis, Massachusetts 02054 Attorney James A. McLaughlin, 8E Pleasant St., So. Natick, Ma. 01760 all via U.S first class mail, prepaid, on May 31, 2017

A handwritten signature in black ink, appearing to read "Michael Elbery". The signature is fluid and cursive, with a long horizontal stroke at the end.

<p style="text-align: center;">PETITION TO RENDER</p> <p><input checked="" type="checkbox"/> INVENTORY</p> <p><input checked="" type="checkbox"/> ACCOUNT</p>	<p>Docket No.</p> <p style="text-align: center;">NO15P1491EA</p>	<p>Commonwealth of Massachusetts The Trial Court Probate and Family Court</p>
<p>Estate of:</p> <p style="text-align: center;"><u>June</u> <u>E</u> <u>Elbery</u></p> <p style="text-align: center;"><small>First Name Middle Name Last Name</small></p> <p>Date of Death: <u>March 26, 2017</u></p>		<p style="text-align: right;">Norfolk _____ Division</p>

The Petitioner(s) (hereafter "Petitioner") makes the following statements:

1. Information about the Petitioner:

Name: Michael G. Elbery

First Name M.I. Last Name

120 Old Pleasant Apt. 7 Lee Mass 01238

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Mailing Address, if different: _____

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: 413-394-5003

Interest of the Petitioner: Son and Heir of deceased

2. The Personal Representative was appointed on _____ .

May 31
June 2, 2016
(date)

3. The Personal Representative named below:

John A. McLaughlin

First Name M.I. Last Name

8E Pleasant St. _____ So. Natick Mass. 01760

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

- has neglected to prepare an inventory of assets of this estate and file it with this court or mail it to all interested persons, and at least three months have passed since the appointment of the Personal Representative;
- has neglected to render an account of the administration of this estate to the interested person, at least one year has passed since the appointment of the original Personal Representative, and the time for presenting claims has expired;
- has neglected to petition the court for allowance of his or her account of his/her administration of this estate, at least one year has passed since the appointment of the original Personal Representative, and the time for presenting claims has expired;

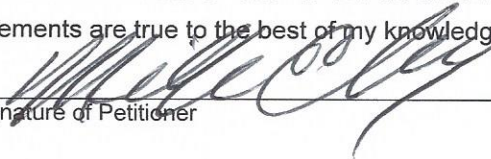
Wherefore the Petitioner requests that the court compel the Personal Representative to:

- render to the court and to the Petitioner an inventory of said estate;
- render to the court and to the Petitioner an account of his or her administration;
- petition the court for allowance of the account of his or her administration.

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: 5-31-17


Signature of Petitioner

Date: _____

Signature of Co-Petitioner (if applicable)

Information on Attorney for Petitioner


Signature of Attorney

(Print name)

11A - 10 SE
(Address) (Apt, Unit, No. etc.)

(City/Town) (State) (Zip)

Primary Phone #: _____

B.B.O. # _____

Email: _____