

# Application for Successor Appointment for a Deceased Writer Member



A S C A P

If additional space is needed to respond to any of the questions below, please attach a separate page and indicate to which question(s) the additional information relates. If you should have any questions, please call ASCAP's Estates and Claims Department at (212) 621-6280 or send a fax to (212) 621-6481.

Please submit this completed form to:  
The Estates and Claims Department  
ASCAP  
One Lincoln Plaza, 6th Floor  
New York, New York 10023

1) Name of deceased writer: \_\_\_\_\_

2) The date of death: \_\_\_\_\_ 3) Age: \_\_\_\_\_

4) Last residence: \_\_\_\_\_

5) Did the writer leave a husband or wife surviving? YES / NO (Please circle one)

If yes, please provide the name, address and telephone number of husband or wife:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

6) Did the writer leave any children surviving? YES / NO (Please circle one)

If yes, please provide the names, addresses and telephone numbers of children (if any children are under 21, state their ages):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

7) Did the writer leave any parents surviving? YES / NO (Please circle one)

If yes, please provide the names, addresses and telephone numbers of parents:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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8) Did any of the writer member's children die before the writer member? YES / NO (Please circle one)

(a) If yes, please provide the names and last addresses of each deceased child and date of death:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of death: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of death: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of death: \_\_\_\_\_

(b) For each such deceased child listed directly above, please provide the names, addresses and telephone number of that deceased child's children (i.e., the writer member's grandchildren by that deceased child)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

9) If the writer left no husband, wife, children, grandchildren or parents surviving him or her, who were his or her next of kin? (Brothers, sisters and children of deceased brothers and sisters, grandparents, etc. — please state full names, addresses and telephone numbers):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

10) Did the writer leave a will? YES / NO (Please circle one)

(a) If yes, has the Will been offered for probate? YES / NO (Please circle one)

(b) If it has been probated, please provide when and in what court the Will was probated:

\_\_\_\_\_

(c) Please attach a certified copy of the Will.



10) continued

(d) If it has not been probated, please explain why: \_\_\_\_\_  
\_\_\_\_\_

(e) Was there a Will contest? YES / NO (Please circle one)

(f) If yes, what was the result of the contest?  
\_\_\_\_\_

11) Did the writer leave a Trust? YES / NO (Please circle one)

(a) If yes, please provide the name(s), address(es), and telephone number(s) of the trustees:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(b) Please attach a certified copy of the Trust.

12) Were Letters Testamentary issued? YES / NO (Please circle one)

(a) If yes, please provide the name, address and telephone number of the person who *currently* holds such Letters and indicate the date of issuance:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date issued: \_\_\_\_\_

Telephone: \_\_\_\_\_

(b) Please state the amount of the executor's bond: \_\_\_\_\_

(c) Please attach a certified copy of the Letters Testamentary.

13) If the writer did not leave a Will, were Letters of Administration issued? YES / NO (Please circle one)

(a) If yes, please provide the name, address and telephone number of the person who *currently* holds such Letters and indicate the date of issuance:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date issued: \_\_\_\_\_

Telephone: \_\_\_\_\_

(b) If yes, please attach a certified copy of the Letters of Administration.

14) Did the writer own an ASCAP publishing company? YES / NO (Please circle one)

(a) If yes, please state the publishing company name: \_\_\_\_\_  
\_\_\_\_\_



Please provide any additional information that you believe would assist ASCAP in designating a successor to the membership of the deceased writer member. Please feel free to attach additional pages if the space provided is not adequate.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

(Please print name of person submitting this application)

(Signature of person submitting this application)

Please state the relationship to the deceased writer of the person submitting application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

State of )
County of )
ss:

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally came \_\_\_\_\_, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.

Notary Public



# Acknowledgement & Status of Application for Successor Appointment for a Deceased Writer Member

Upon submission of the attached application, ASCAP's Estates and Claims Department will send you this acknowledgement and let you know the status of your application.

We acknowledge receipt of your application for appointment of a successor for the deceased writer member \_\_\_\_\_

(Name of writer)

- (A) We do not need anything further.
- (B) We need the following further information to process your application:
  - 1) Certified copy of the Will
  - 2) Certified copy of the Trust(s)
  - 3) Certified copy of the Letters Testamentary
  - 4) Certified copy of the Letters of Administration
  - 5) Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (C) To process your application, we will send you further documents under separate cover.

If we have not requested any further information in paragraph (B) above or indicated that we are sending you further documents under separate cover in paragraph (C) above, we will process your application and send the appropriate membership and related documents. The appointment of the successor will be presented to ASCAP's Board of Directors for confirmation at its next regularly scheduled meeting. Thank you for your patience and cooperation. Please be assured that we will endeavor to expedite your application.

***It would assist us in processing your application if you would kindly fill out your name and return address with your zip code below.***



Estates and Claims Department  
ASCAP  
One Lincoln Plaza, 6th Floor  
New York, N.Y. 10023



To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_