

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION OFFICE
 PHYSICIAN'S / MEDICAL EXAMINER'S CERTIFICATE OF DEATH
 350 CAPITOL STREET, ROOM 165, CHARLESTON, WV 25301

FILED
 018985
 STATE FILE NUMBER

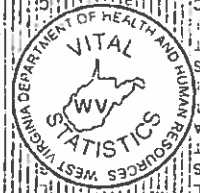
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) James Joseph Bulger Jr.		2. SEX Male	3. SOCIAL SECURITY NUMBER
4a. AGE (Last Birthday) (Years) 89	4b. IF UNDER 1 YEAR Months Days Hours Minutes	5. DATE OF BIRTH (MM/DD/YYYY) 09/03/1929	6. BIRTHPLACE (City and State or Foreign Country) Boston, MA
7a. RESIDENCE (STATE) MA	7b. COUNTY Suffolk	7c. CITY OR TOWN Boston	
7d. STREET AND NUMBER 17 Twomey Court		7e. APT. NO.	7f. ZIP CODE 02127
7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7h. 2nd LEGAL RESIDENCE - PROBATE USE ONLY - OPT. STREET & NUMBER APT. NO. CITY OR TOWN COUNTY STATE ZIP	
8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (Give name prior to first marriage)
11. FATHER'S / PARENT 1'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) James Joseph Bulger Sr.		12. MOTHER'S / PARENT 2'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Jane V. McCarty	
13a. INFORMANT'S NAME John P. Bulger		13b. RELATIONSHIP TO DECEDENT Brother	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 17 Twomey Ct Boston, MA 02127
14. PLACE OF DEATH (Check only one; see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input checked="" type="checkbox"/> Other (Specify): Prison		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL	
15. FACILITY NAME (If not institution, give street & number) U.S. Penitentiary - Hazelton		16. CITY OR TOWN, STATE, AND ZIP CODE Bruceton Mills, WV 26525	17. COUNTY OF DEATH Preston
18. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place - location in Box 20.) Saint Josephs Cemetery	
20. DISPOSITION LOCATION (City, State) Boston, MA		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Charleston Mortuary Service 1101 Bigley Avenue Charleston, WV 25302	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Dale R. Burger			23. LICENSE NUMBER (Of Licensee)
24. DATE PRONOUNCED DEAD (MM/DD/YYYY) 10/30/2018		25. TIME PRONOUNCED DEAD 0904	
26. SIGNATURE AND TITLE OF PERSON PRONOUNCING DEATH (Only when pronouncer IS NOT also the certifier.)			27. DATE SIGNED (MM/DD/YYYY)
28. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) Found 10/30/2018		29. ACTUAL OR PRESUMED TIME OF DEATH Found 0821	
30. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. IF YES, MEDICAL EXAMINER CASE # 18-6303	
31. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		CAUSE OF DEATH	
a. Blunt Force Injuries of the Head		Due to (or as a consequence of):	
b. _____		Due to (or as a consequence of):	
c. _____		Due to (or as a consequence of):	
d. _____		Due to (or as a consequence of):	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause in PART I.		32a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		32b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		34. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the last year N/A	
35a. CAUSE/MANNER OF DEATH? <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Date Amended		35b. FINAL MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined	
36a. DATE OF INJURY (MM/DD/YYYY) Found 10/30/2018		36b. TIME OF INJURY Found 0821	
36c. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, office building, wooded area) Prison Cell - U.S.P. Hazelton		36d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36e. LOCATION OF INJURY: Street & Number: 1640 Skyline Drive, Bruceton Mills, WV 26525		36f. IF TRANSPORTATION INJURY: ROLE: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):	
36g. SEATBELT RESTRAINT STATUS: <input type="checkbox"/> Restraint <input type="checkbox"/> No restraint <input type="checkbox"/> Unknown		36h. HELMET STATUS: <input type="checkbox"/> Helmet <input type="checkbox"/> No helmet <input type="checkbox"/> Unknown	
37a. CERTIFIER (Check only one): <input type="checkbox"/> Certifying Physician or Qualified APRN - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Physician or Qualified APRN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
Signature of Certifier Allen Mock		Date Certified 10/31/18	
37c. PRINT NAME, ADDRESS, AND ZIP CODE OF PERSON CERTIFYING TO CAUSE OF DEATH (Item 31.) Allen Mock, CME, OCME Main Charleston, WV			37d. TITLE OF CERTIFIER MD
38. FOR OFFICIAL REGISTRAR USE ONLY - SIGNATURE OF REGISTRAR Gary L Thompson		39. FOR OFFICIAL REGISTRAR USE ONLY - DATE FILED 11/14/2018	

BULGER, James J.
NAME OF DECEDENT

DATE/TIME OF DEATH MUST BE COMPLETED
TYPE/PRINT IN PERMANENT BLACK INK

STATE/COUNTY ORIGINAL
 FCRM VS-602
 (Rev. 9/2017)

STATE OF WEST VIRGINIA



E0340246

E0340246

This is to certify that this document is a true and accurate reproduction of an official record, or the facts abstracted from an official record, on file with:

Vital Statistics
Bureau for Public Health
West Virginia Department of Health and Human Resources
Charleston, West Virginia

Gary L. Thompson
State Registrar



The certified copy or information appears on the reverse side on multicolor surface.
Document contains heat-sensitive stamp and watermark.

Do not accept without verifying watermark and heat-sensitive stamp.

WARNING!

It is a crime punishable by fine and imprisonment to counterfeit or alter this certificate or to use the vital statistics record of another person for deceptive purposes.

Date Certified: Nov 14, 2018

1

10

PETITION FOR INFORMAL <input type="checkbox"/> PROBATE OF WILL <input checked="" type="checkbox"/> APPOINTMENT OF PERSONAL REPRESENTATIVE PURSUANT TO G.L. c. 190B, § 3-301 <input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form		Docket No. 18 P 25 20	Commonwealth of Massachusetts The Trial Court Probate and Family Court FILED NOV 23 2018 <i>[Signature]</i> Division
Estate of: James J. Bulger <small>First Name Middle Name Last Name</small>		Suffolk	
Date of Death: October 30, 2018			

I. GENERAL INFORMATION

The Petitioner(s) (hereafter "Petitioner"), an interested person, makes the following statements:

1. Information about the Decedent:

Name: James J. Bulger Age at death 89
First Name Middle Name Last Name

Also known as: _____
Name

Street Address: 17 Twomey Court Boston MA 02127
(Address) (City/Town) (State) (Zip)

The Decedent was domiciled in _____
(City/Town) (State)

FORM ALERT: A death certificate issued by a public officer is in the possession of the court or accompanies this Petition.

2. Information about the Petitioner:

Name: William M. Bulger, Jr.
First Name M.I. Last Name

31 M Street South Boston MA 02127
(Address) (City/Town) (State) (Zip)

Mailing Address, if different: _____
(Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: (617) 817-6527

The Petitioner's interest in the estate is as follows (e.g., Personal Representative named in a will, surviving spouse, heir, devisee, etc. See G. L. c. 190B, § 1-201(24)): nephew

3. This Petition is filed within the time period permitted by law (See G. L. c. 190B, § 3-108). Three years or less have passed since the Decedent's death, or the following circumstances authorize tardy proceedings (*include statutory reference*):

FORM ALERT: Do not use this form to file a late probate proceeding pursuant to G. L. c. 190B, § 3-108(4). Use form MPC 161.

4. Venue for this proceeding is proper in this county because on the date of death, the Decedent:

was domiciled in this county. was not domiciled in Massachusetts, but had property located in this county at:

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

5. The Petitioner gave written notice seven (7) days prior to petitioning for informal probate or appointment by sending a copy of this Petition and death certificate by certified mail to Division of Medical Assistance, Estate Recovery Unit, P.O. Box 15205, Worcester, MA 01615-0205.

II. PERSONS INTERESTED IN THE ESTATE

6. The Decedent's surviving spouse, children, heirs at law and devisees (if any), so far as known or ascertainable with reasonable diligence by the Petitioner are as stated in form MPC 162 Surviving Spouse, Children, Heirs at Law **AND** if the Decedent died with a will, form MPC 163 Devisees incorporated herein.
- There are additional heirs at law who are not known to the Petitioner (*Formal proceeding required*).

FORM ALERT: Failure to submit this information will result in a delay in processing your case.

III. TESTACY STATUS

7. The Decedent died (*select one*):

Intestate (without a will)

After the exercise of reasonable diligence, the Petitioner is unaware of any unrevoked testamentary instrument relating to property in Massachusetts, or see attached statement of why such an instrument is not being probated.

Testate (with a will)

The date of the Decedent's last will is _____

The dates of all codicils are _____

(*select one of the following*):

- The original will is in the possession of the court or accompanies this Petition.
- The original will has been probated in Massachusetts and the Petitioner adopts the statements in the Petition for probate.
- The original will has been probated in the state or country of _____
An authenticated copy of the will and proof of its probate are filed with this Petition.

The will and any codicils are referred to as the will. The Petitioner, to the best of his or her knowledge, believes the will was validly executed. After the exercise of reasonable diligence, the Petitioner is unaware of any instrument revoking the will and believes that the will is the Decedent's last will.

IV. APPOINTMENT OF PERSONAL REPRESENTATIVE

(*if requested*)

8. The Petitioner requests that the following qualified person, who is 18 years of age or older, be appointed Personal Representative: Self only. Self and other(s): Other(s):

Name of other(s): _____
First Name M.I. Last Name

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

Mailing Address, if different: _____
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

9. All nominees listed above have priority for appointment:

- by statute. See G. L. c. 190B, § 3-203.
- by renunciation and/or nomination. Persons with higher or equal rights to appointment are:

_____ Jean First Name	_____ M. M.I.	_____ Holland Last Name
_____ William First Name	_____ M. M.I.	_____ Bulger, Sr. Last Name

<u>Carol</u> First Name	<u>A.</u> M.I.	<u>McCarthy</u> Last Name
<u>John</u> First Name	<u>P.</u> M.I.	<u>Bulger</u> Last Name
<u>Sheila</u> First Name	<u>F.</u> M.I.	<u>McKeon</u> Last Name

FORM ALERT: All required renunciations/nominations using form MPC 455 must accompany this Petition.

10. Select one of the following:

- No court has appointed a Personal Representative and no such appointment proceeding is pending in Massachusetts or elsewhere.
- A court has appointed a Personal Representative, whose appointment has not been terminated, or an appointment proceeding is pending in the State of _____ and the Personal Representative's name and address is:

_____ First Name _____ M.I. _____ Last Name
 _____ (Address) _____ (Apt. Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

11. Select one of the following:

- A bond with sureties in the penal sum amount of \$ _____ has been filed.
- A bond without sureties has been filed and is permissible because:
 - The will waives sureties on the bond and no interested person has demanded that a bond with sureties be filed.
 - All devisees (if a will is filed) or heirs (if no will is filed) have waived sureties in writing using form MPC 455 and all waivers are filed with this Petition or are in the possession of the court.

FORM ALERT: All persons seeking appointment must file a bond using form MPC 801.

V. RELIEF REQUESTED

Wherefore, the Petitioner requests that the court/magistrate:

- Admit the Decedent's will to informal probate.
- Appoint the nominee(s) with priority for appointment as Personal Representative of the estate in an unsupervised administration to serve without with sureties on the bond and that Letters be issued.

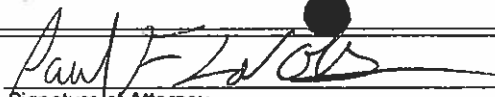
SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: November 14, 2018

William A. Bulger, Jr.
Signature of Petitioner

Information on Attorney for Petitioner, if any


Signature of Attorney

Paul F. Zerola, Esq.

(Print name)

P.O. Box 635

(Address)

(Apt, Unit, No. etc.)

Weston

(City/Town)

MA

(State)

02493

(Zip)

Primary Phone #: **(781) 899-1234**

B.B.O. # **652165**

Email: **pzerola@zerola.com**



**MASSACHUSETTS
SUFFOLK PROBATE AND FAMILY COURT
Docket Report**

SU18P2520EA In the matter of: Bulger, James J.

CASE TYPE:	Estates and Administration	FILE DATE:	11/23/2018
ACTION CODE:	IPPR	CASE TRACK:	
DESCRIPTION:	Informal Appointment of Personal Representative		
CASE DISPOSITION DATE	11/27/2018	CASE STATUS:	Closed
CASE DISPOSITION:	Order for Informal Probate and/or Appt of PR	STATUS DATE:	12/06/2018
CASE JUDGE:	Dunn, Brian J.	CASE SESSION:	

PARTIES

<p>Decedent Bulger, James J.</p> <p>Petitioner Bulger, Jr., William M. 31 M St South Boston, MA 02127-0003</p> <p>Personal Representative Bulger, Jr., William M. 31 M St South Boston, MA 02127-0003</p>	<p>Attorney 641695 Angela Monica Kalivas Massachusetts Bar 14 Bumpy Lane Methuen, MA 01844 Work Phone (978) 609-1084 Added Date: 11/23/2018</p>
--	--

FINANCIAL DETAILS

Date	Fees/Fines/Costs/Charge	Assessed	Paid	Dismissed	Balance
11/23/2018	FEE Informal Probate of Will and/or Appointment of Personal Representative Receipt: 126797 Date: 11/23/2018	375.00	375.00	0.00	0.00
11/23/2018	Civil Filing Fee Surcharge due. Receipt: 126797 Date: 11/23/2018	15.00	15.00	0.00	0.00
01/29/2019	FEE Formal Probate of Will, Adj of Intestacy and Appt of Personal Representative Receipt: 128616 Date: 01/30/2019	375.00	375.00	0.00	0.00
01/29/2019	Citation, MGL 262 s 4B Receipt: 128616 Date: 01/30/2019	15.00	15.00	0.00	0.00
01/29/2019	Civil Filing Fee Surcharge due. Receipt: 128616 Date: 01/30/2019	15.00	15.00	0.00	0.00
Total		795.00	795.00	0.00	0.00



**MASSACHUSETTS
SUFFOLK PROBATE AND FAMILY COURT
Docket Report**

INFORMATIONAL DOCKET ENTRIES

Date	Ref	Description	Judge
11/23/2018	1	Petition for Informal Probate	
11/23/2018	2	Appearance by Attorney, Angela Monica Kalivas, Esq., Party Name William M. Bulger, Jr.	
11/23/2018	3	Certificate of Death	
11/23/2018	4	Permanent Bond Without Sureties Filed by William M. Bulger	
11/23/2018	5	Surviving Spouse, Children, Heirs at Law	
11/23/2018	6	Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to an Informal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate: by Jean M. Holland	
11/23/2018	7	Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to an Informal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate: by William M. Bulger, Sr	
11/23/2018	8	Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to an Informal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate: by Carol M. McCarthy	
11/23/2018	9	Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to an Informal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate: by William M. Bulger, Jr.	
11/23/2018	10	Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to an Informal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate: by Sheila F. McKeon	
11/23/2018	11	Return of Service on Notice of Informal Probate	
12/06/2018	12	Order for Informal Probate of Will and/or Appointment of Personal Representative	
12/06/2018	13	Permanent Bond Approved of Personal Representative dated 11/27/2018, by Maria Rizzo-LaFace	
01/29/2019	14	Petition for Formal Probate	
01/29/2019	15	Permanent Bond Without Sureties Filed By William M. Bulger	
01/29/2019	16	William M Bulger, Sr Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to Formal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate:	
01/29/2019	17	John P. Bulger Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to Formal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate:	
01/29/2019	18	Carol A. McCarthy Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to Formal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate:	
01/29/2019	19	Jean M. Holland Interested Person(s) , Filed Form MPC 455 to Assent and Waive Notice to Formal Probate, Assent to the PR serving w/o sureties on bond, Renounce my right as PR and nominate:	
02/05/2019		NOTICE: Citation on Petition for Formal Adjudication Issued	



MASSACHUSETTS
SUFFOLK PROBATE AND FAMILY COURT
Docket Report

03/06/2019 20 Citation Filed; Served as Ordered

5

5

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301	Docket No. <div style="font-size: 1.2em; font-weight: bold;">18P2520</div>	Commonwealth of Massachusetts The Trial Court Probate and Family Court						
<input checked="" type="checkbox"/> Original Form <input type="checkbox"/> Amended Form								
Estate of: <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">James</td> <td style="width:33%; text-align: center;">J.</td> <td style="width:33%; text-align: center;">Bulger</td> </tr> <tr> <td style="font-size: 0.8em; text-align: center;">First Name</td> <td style="font-size: 0.8em; text-align: center;">Middle Name</td> <td style="font-size: 0.8em; text-align: center;">Last Name</td> </tr> </table>		James	J.	Bulger	First Name	Middle Name	Last Name	<div style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">FILED</div> Division
James	J.	Bulger						
First Name	Middle Name	Last Name						
Date of Death: <u>October 30, 2018</u>		NOV 23 2018 <i>ADK</i>						

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent did not leave a surviving spouse. left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS (omit if since deceased)

2. a. The Decedent did not have children (biological or adopted). had the following children (biological or adopted):

NAME OF DECEDENT'S CHILD	ADDRESS (omit if deceased)	CHILD OF SURVIVING SPOUSE	A MINOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

b. The surviving spouse has surviving descendants (children, grandchildren, etc.) who are **not** descendants of the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a who are also heirs at law.

3. a. All of the children listed in 2a **survived** the Decedent.
 b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

c. The predeceased child(ren) listed in 3b:
 did not leave surviving descendants (children, grandchildren, etc.) (biological or adopted).
 left the following surviving descendants (children, grandchildren, etc.) (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent did not leave a surviving parent. left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS (omit if since deceased)

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent did not leave a surviving sibling. left the following surviving sibling(s) (biological or adopted, whole or half-blood):

NAME OF SURVIVING SIBLING	ADDRESS (omit if since deceased)	A MINOR
Jean M. Holland	67 Pontiac Avenue, Quincy, MA 02169	<input type="checkbox"/> Yes
William M. Bulger, Sr.	828 East Third Street, South Boston, MA 02127	<input type="checkbox"/> Yes
Carol A. McCarthy	9 Lennon Court, Unit 9, South Boston, MA 02127	<input type="checkbox"/> Yes
John P. Bulger	17 Twomey Court, Unit 60, South Boston, MA 02127	<input type="checkbox"/> Yes
Sheila F. McKeon	127 Edgewater Road, Hull, MA 02045	<input type="checkbox"/> Yes

b. One or more of the Decedent's siblings died before the Decedent and left surviving descendants (biological or adopted):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS (omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (Select one):

The heirs at law are as follows:

For assistance, see the Instructions and the Massachusetts Degree of Kinship Chart (MPC 960). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a formal proceeding.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. NONE of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY <i>(Guardian ad litem required unless waived. See Instructions)</i>	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

8. NONE of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased at the time of this filing except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	

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: November 16, 2018


Signature of Petitioner

William M. Bulger, Jr.
(Print name)