Application for Successor Appointment to Successor Member of a Deceased Writer Member

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 successor member of the deceased writer: _____

2) The date of death of the successor member: _____ 3) Age: _____

4) Last residence: _____

5) Did the successor member 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 successor member 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 successor member 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: _____

ASCAP

8) **Did the successor member 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.

(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?

_____

9) **Did the successor member 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.

10) **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.

11) **If the successor member 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 to 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.

12) **Did the successor member own an ASCAP publishing company? YES / NO (Please circle one)**

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

_____

ASCAP

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

_____

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_____

_____ (Please print name of person submitting this application)

_____ Signature of person submitting this application)

Please state the relationship to the successor member of the person submitting application: _____

Telephone Number: _____ Facsimile Number: _____

E-mail address: _____

Address: _____

_____

State of)
ss:
County of)

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 to Successor Member of 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 successor member _____
(Name of successor member)

☐ (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 a 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

stamp

To: _____

_____

_____

_____