

**INDEX TO APPENDIX
ORPHANS' COURT AND REGISTER OF WILLS FORMS
ADOPTED BY SUPREME COURT
PURSUANT TO Pa. O.C. Rule [1.3] 1.8**

Available as Fill-in Forms on Website
of Administrative Office of Pennsylvania Courts
<http://www.pacourts.us/Forms/OrphansCourtForms.htm>

Orphans' Court and Administration Forms

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* Form OC-3 is not reprinted here and is located under Audit and Administration Forms at No. 3.
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- 1. National Fiduciary Accounting Standards Project –
1983 Report of Fiduciary Accounting Standards Committee
- 2. Model Estate Account
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 - b. **Praecepte to Clerk in Dependency Proceeding of Entry of Decision Disposing of Petition**
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[a. Petition to Register Foreign Adoption Decree

b. Final Decree – Granted

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[2.] b. [Completion of Foreign Adoption Forms] Form Petition for Adoption of a Foreign Born Child [-] (Pa. O.C. 15.9), including the Petition for Adoption of a Foreign Born Child, Report of the Intermediary, Verification of Translator, Preliminary Decree, and Final Decree

[a. Preliminary Decree

b. Final Decree

c. Petition for Adoption of a Foreign Born Child

d. Report of the Intermediary

e. Verification of Translator]

DECEDENT'S ESTATE

COURT OF COMMON PLEAS OF

ORPHANS' COURT DIVISION

ESTATE OF _____, DECEASED

No. _____

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 2.4**

This form shall be used in all cases involving the Audit or Confirmation of the Account of a Decedent's Estate. If space is insufficient, riders may be attached. Attach the papers required under items 1, 2, 4, 8, 10, 16-19, as applicable, and any instrument pertinent to the adjudication.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____

Supreme Court I.D. No.: _____

Name of Law Firm: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Estate of _____, Deceased

1. Name(s) and address(es) of Petitioner(s):

Petitioner:

Petitioner:

Name: _____

Address: _____

Identify any Executors or Administrators who have not joined in the Petition for Adjudication/Statement of Proposed Distribution and/or the Account and state reason:

Is this the first accounting for this estate? Yes No

If not, identify prior accountings, the accounting periods covered, and the dates of adjudication of the prior accountings.

Pursuant to 20 Pa.C.S. § 3501.2, if property from a trustee, guardian, or agent acting under a power of attorney is being received into the estate, an Account of the administration of such trust, guardianship, or principal's estate may be annexed to the Estate Account. Is any such Account annexed to this Estate Account? Yes No

If so, the annexed Account and the appropriate fully completed Petition for Adjudication/Statement of Proposed Distribution for the annexed matter should be filed as Exhibits to this Petition.

2. Decedent died on _____.

Letters Testamentary or Letters of Administration were granted to Petitioner(s) on _____.

Date of Will (if applicable): _____

Date(s) of Codicil(s) (if applicable): _____

Date of probate (if different from date Letters granted): _____

Was a bond required? Yes No If yes, state amount: _____

Are proofs of advertising of the grant of Letters attached? Yes No

Dates of advertising of the grant of Letters:

Estate of _____, Deceased

3. Was decedent survived by a spouse? Yes No

If yes, name of the surviving spouse: _____

4. Has the surviving spouse filed to take an elective share? Yes No N/A
(see 20 Pa.C.S. § 2201 et seq.)

If yes, attach a copy of the election and state date of election: _____

5. In the case of an intestacy, state the names of the decedent's surviving children or surviving issue of deceased children (if none, so state):

6. Did decedent marry after execution of Will or Codicil(s)? Yes No N/A

Were any children born to decedent after execution of Will or Codicil(s)? Yes No N/A

If yes, give names and dates of birth:

<i>Name:</i>	<i>Date of Birth:</i>
_____	_____
_____	_____
_____	_____
_____	_____

7. Was a request for a statement of claim, as required by the Medical Assistance Estate Recovery Act, 62 P.S. § 1412, sent to the Department of Human Services? Yes No N/A

Estate of _____, Deceased

8. Written notice of the Account's filing as required by Pa. O.C. Rule 2.5 has been or will be given to all interested parties listed in item 9 below, all unpaid creditors and all claimants listed in item 10 below. In addition, notice of any questions requiring adjudication as discussed in item 15 below has been or will be given to all persons affected thereby. If one of the beneficiaries is a trust or another estate and any of the accountants is also a fiduciary of the receiving trust or estate, provide written notice of the Account's filing to the beneficiaries of the trust or receiving estate, as applicable, if known.
- A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice.
 - B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.
 - C. If any such interested person is not *sui juris* (e.g., minors or incapacitated persons), Notice has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 4.2.
 - D. If any charitable interest is involved, Notice has been or will also be given to the Attorney General as required under Pa. O.C. Rule 4.4. In addition, the Attorney General's clearance certificate (or proof of service of Notice and a copy of such Notice) must be submitted herewith or at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions.
9. List all parties (charitable and non-charitable) of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the estate as beneficiaries under the Will (if beneficiary is a trust, name the trust and trustee as the Interested Party) or Codicil(s) or as intestate heirs if there is a complete or partial intestacy. This list shall:

- A. State each party's relationship to the decedent and the nature of each party's interest(s):

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

Estate of _____, Deceased

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons). For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each.

C. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed (see Pa. O.C. Rule 5.5).

Estate of _____, Deceased

D. If distribution is to be made to the personal representative of a deceased party, state date of death, date and place of grant of Letters and type of Letters granted.

10. Other than the claim for the family exemption, list the names of all known claimants and the amount of their claims and state whether each claim is admitted.

<i>Name and Address of Each Claimant</i>	<i>Amount of Claim</i>	<i>Claim Admitted?</i>	<i>Will Claim Be Paid In Full?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the estate is insolvent, attach a schedule setting forth the order of preference under 20 Pa.C.S. § 3392 and the proposed payments.

Estate of _____, Deceased

11. Was family exemption claimed? Yes No
Was family exemption allowed? Yes No

Family exemption claimant's name and relationship:

Name: _____ Relationship: _____

12. The amount of Pennsylvania Transfer Inheritance Tax paid, the date(s) of payment(s), and the interest(s) upon which paid, are as follows:

<i>Date</i>	<i>Payment</i>	<i>Interest</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. On the date of death, was the decedent a fiduciary (personal representative, trustee, guardian, agent under power of attorney) or surety on the bond of a fiduciary? Yes No

If yes, provide the name of the estate, indicate whether an Account has been filed and confirmed and all awards performed, or, in the alternative, how the decedent's estate will be discharged for the decedent's fiduciary administration of the estate.

Estate of _____, Deceased

14. On the date of death, was the decedent a party (as a plaintiff or defendant) in any litigation? Yes No

If yes, provide the caption of the litigation, docket number, where the matter is currently pending, and its status.

15. A. Describe in detail any questions requiring adjudication and state the position of the Petitioner(s) as to each question:

- B. Has notice of the question requiring adjudication been given to the parties identified in Paragraph 9 above? Yes No

16. If Petitioner(s) has/have knowledge that a share has been assigned, renounced, disclaimed or attached, provide a copy of the assignment, renunciation, disclaimer or attachment, together with any relevant supporting documentation.

Estate of _____, Deceased

17. Had the decedent been adjudicated an incapacitated person? Yes No

If yes, attach a copy of the Order if available; otherwise state the Court, docket number, date, and name of Hearing Judge.

18. A. List or attach a separate list of additional receipts and disbursements since the closing date of the Account.

B. Has notice of the additional receipts and disbursements been given to the parties identified in Paragraph 9 above? Yes No

19. If a reserve is requested, state amount and purpose.

Amount: _____

Purpose: _____

If a reserve is requested for counsel fees, has notice of the amount of fees to be paid from the reserve been given to the interested parties? Yes No

If so, attach a copy of the notice.

Estate of _____, Deceased

20. If prescribed by local rule as permitted by Pa. O.C. Rule 2.9, is the Court being asked to direct the filing of a Schedule of Distribution? Yes No

As to real estate only? Yes No

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____
_____	_____

Submitted By:
(All petitioners must sign. Place additional signatures on attachment if necessary):

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Petitioner

Name of Representative and Title

Signature of Petitioner

Signature of Officer/Representative

Name of Petitioner

Signature of Petitioner

Estate of _____, Deceased

(Verification must be by **at least one** petitioner.)

Verification for Individual Petitioner

The undersigned hereby verifies that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Petitioner

Verification for Corporate Petitioner

The undersigned hereby verifies that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Representative for Corporate Petitioner

Certification of Counsel

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication/Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

Date

Signature of Counsel for Petitioner

TRUST

COURT OF COMMON PLEAS OF

ORPHANS' COURT DIVISION

NAME OF TRUST

(TRUST UNDER WILL OF _____

or

TRUST UNDER DEED OF _____

DATED _____)

No. _____

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 2.4**

This form shall be used in all cases involving the Audit or Confirmation of Trust Accounts. If space is insufficient, riders may be attached. Attach the papers required under items 2, 4, 15-19, as applicable, and any instrument pertinent to the adjudication.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____

Supreme Court I.D. No.: _____

Name of Law Firm: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Name of Trust: _____

1. Name(s) and address(es) of Petitioner(s):

Petitioner:

Petitioner:

Name: _____

Address: _____

Identify any Trustees who have not joined in the Petition for Adjudication/Statement of Proposed Distribution and/or the Account and state reason:

2. Pursuant to 20 Pa.C.S. § 7799.1, if property from a personal representative or a trustee of another trust is being received by this Trust, an Account of the administration of such estate or trust may be annexed to the Trust Account. Is any such Account annexed to this Trust Account? Yes No

If so, the annexed Account and the appropriate fully completed Petition for Adjudication/Statement of Proposed Distribution for the annexed matter should be filed as Exhibits to this Petition.

3. Check if any of the following issues are involved in this case:

- A. Appointment of Trustee
- B. Interpretation
- C. Discharge of Trustee
- D. Transfer of Situs
- E. Appointment of *Ad Litem*
- F. Minor, Unborn or Unascertained Beneficiary(ies)
- G. Principal Distribution
- H. Partial/Full Termination of Trust
- I. Missing Beneficiary(ies)
- J. *Cy Pres*
- K. Other Issues

List:

Name of Trust: _____

Please note:

A detailed explanation of issues checked should be set forth at item 15 below.

4. Testamentary Trust:

Decedent's date of death: _____

Date of Decedent's Will: _____

Date(s) of Codicil(s): _____

Date of probate: _____

Judicial District or County where Letters were issued: _____

or

Inter Vivos Trust:

Date of Trust: _____

Date(s) of Amendment(s): _____

If Settlor is deceased and letters were not issued or the personal representative did not advertise the estate, state dates when the Trustee advertised Settlor's death and attach proofs of advertising:

Is this inter vivos trust a Special Needs Trust established under 42 U.S.C. § 1396p(d)(4)? Yes No

5. Explain why venue is proper before this Court (*see 20 Pa.C.S. § 7714*), and why the Trust's situs is located in this judicial district or county (*see 20 Pa.C.S. § 7708*).

6. A. If any other Court has taken jurisdiction of any matter relating to this Trust, explain:

B. Is this the first accounting of this Trust? Yes No

Name of Trust: _____

C. If not, identify prior accountings, the accounting periods covered, and the dates of adjudication of the prior accountings.

7. A. State how each Trustee was appointed:

B. If a Petitioner is not a Trustee (e.g., executor or administrator of deceased trustee, agent or guardian of an incapacitated trustee), explain:

8. State how and when the present fund was awarded to Trustee(s):

9. Period covered by this Account: _____ to _____.

10. Current fair market value of the Trust principal is \$ _____ (see page _____ of Account.)

11. State concisely the dispositive provisions of the Trust:

Name of Trust: _____

12. Explain the reason for filing this Account (if filed because of the death of a party, state name of person, relationship to Trust and date of death):

13. A. State the amount of Pennsylvania Transfer Inheritance Tax paid (including postponed tax on remainder interests), the dates of payment and the interests upon which such amounts were paid:

<i>Date</i>	<i>Payment</i>	<i>Interest</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. If any such taxes remain unpaid or are in dispute, explain:

14. Describe any questions requiring adjudication and state the position of Petitioner(s) as to each question and give details of any issues identified in item 3:

15. Written notice of the Account's filing as required by Pa. O.C. Rule 2.5 has been or will be given to all interested parties listed in item 16 below. If any person is being asked to represent the interests of another interested party (whether *sui juris* or not), the person asked to serve as a representative has been so notified and given an opportunity to decline pursuant to 20 Pa.C.S. § 7725. In addition, notice of any questions requiring adjudication as discussed in item 14 above has been or will be given to all persons affected thereby. If one of the beneficiaries is a trust or estate and any of the accountants is also a fiduciary of the receiving trust or estate, provide written notice of the Account's filing to the beneficiaries of the receiving trust or estate, as applicable, if known.

Name of Trust: _____

- A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such notice. Unless contained in the attached Notice, attach a copy of the written notice provided to any person who is being asked to represent another or attach such person's consent to serve.
- B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions together with a statement executed by Petitioner(s) or counsel certifying that such Notice has been given. Unless contained in the Notice or previously attached, a copy of the written notice provided to any person who is being asked to represent another or such person's consent to serve shall be submitted at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions.
- C. If any such interested party is not *sui juris* (e.g., minors or incapacitated persons), Notice has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 4.2.
- D. If any charitable interest is involved, Notice has been or will also be given to the Attorney General as required under Pa. O.C. Rule 4.4. In addition, the Attorney General's clearance certificate (or proof of service of Notice and a copy of such Notice) must be submitted herewith or at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions.
- E. If the Account before the Court is a Special Needs Trust established under 42 U.S.C. § 1396p(d)(4), Notice has been or will also be given to the Pennsylvania Department of Human Services, Special Needs Trust Depository and to the applicable department of any other state that has provided the special needs beneficiary with medical care under a state medical assistance program ("Department"). In addition, the Department's letter of no objection (or proof of service of Notice and a copy of such Notice) must be submitted herewith or at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions.

16. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the Trust (if beneficiary is a trust, name the trust and trustee as the Interested Party), whether such interest is vested or contingent, charitable or non-charitable. This list shall:

- A. State each party's relationship to the Settlor/Decedent and the nature of each party's interest(s);

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

Name of Trust: _____

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

B. If any interested party (whether *sui juris* or not) is not receiving Notice of the filing of the Account and the Petition for Adjudication/Statement of Proposed Distribution because another individual is proposed to represent such interested party pursuant to 20 Pa.C.S. §§ 7721-7726, provide the information below for each proposed representative. If there is more than one proposed representative, attach a rider setting forth the information below for each additional proposed representative:

(i) Name of Proposed Representative: _____

Describe Proposed Representative's Interest(s) in Trust:

Name of the interested parties or description of the class of interested parties whom the person named above is to represent and describe such persons' interest in Trust:

(ii) Has any person who is proposed to be represented as identified in the question above notified a Trustee in writing that he or she objects to such representation? Yes No

If yes, provide Name(s) of Person(s) objecting to being represented:

(iii) Specify the subparagraph(s) under 20 Pa. C.S. § 7723 authorizing representation:

(iv) Is there any conflict of interest? Yes No

If yes, explain conflict and why representation should be permitted:

Name of Trust: _____

(v) Has Proposed Representative provided written consent? Yes No

If no, has Proposed Representative declined in writing to act in the representative capacity as requested? Yes No

If Proposed Representative has neither consented to act in writing nor declined in writing to act, provide date of the letter in which Proposed Representative was notified that he or she is to represent another person or class of interested parties: _____

C. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons). For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each.

D. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed (see Pa. O.C. Rule 5.5).

E. If distribution is to be made to the personal representative of a deceased party, state date of death, date and place of grant of Letters and type of Letters granted

Name of Trust: _____

17. If Petitioner(s) has/have knowledge that a Trust share has been assigned, renounced, disclaimed or attached, provide a copy of the assignment, renunciation, disclaimer or attachment, together with any relevant supporting documentation.

18. If a Trustee's principal commission is claimed:

A. If based on a written agreement, attach a copy thereof.

B. If a principal commission is claimed, state amount. \$ _____

C. If a principal commission is claimed, state the amounts and dates of any principal commissions previously paid in prior accounting periods.

_____	_____
_____	_____
_____	_____
_____	_____

19. If a reserve is requested, state amount and purpose.

Amount: _____

Purpose: _____

If a reserve is requested for counsel fees, has notice of the amount of fees to be paid from the reserve been given to the interested parties? Yes No

If so, attach a copy of the notice.

20. If prescribed by local rule as permitted by Pa. O.C. Rule 2.9, is the Court being asked to direct the filing of a Schedule of Distribution? . . . Yes No

Name of Trust: _____

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____
_____	_____

Submitted By:
(All petitioners must sign. Place additional signatures on attachment if necessary):

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Petitioner

Name of Representative and Title

Signature of Petitioner

Signature of Officer/Representative

Name of Petitioner

Signature of Petitioner

Name of Trust: _____

(Verification must be by **at least one** petitioner.)

Verification for Individual Petitioner

The undersigned hereby verifies that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Petitioner

Verification for Corporate Petitioner

The undersigned hereby verifies that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Representative for Corporate Petitioner

Certification of Counsel

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication/Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

Date

Signature of Counsel for Petitioner

GUARDIANSHIP OF INCAPACITATED PERSON

COURT OF COMMON PLEAS OF

ORPHANS' COURT DIVISION

ESTATE OF _____, AN INCAPACITATED PERSON

ACCOUNT OF _____, GUARDIAN

No. _____

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 2.4**

This form shall be used in all cases involving the Audit or Confirmation of the Account of a Guardian of the Estate of an incapacitated person. If space is insufficient, riders may be attached. Attach the papers required under items 2, 3, and 5, as applicable, and any additional decree or instrument pertinent to the adjudication.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____

Supreme Court I.D. No.: _____

Name of Law Firm: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Estate of _____, An Incapacitated Person

1. Name(s) and address(es) of Petitioner(s):

Petitioner: <i>Name:</i> _____ <i>Address:</i> _____ _____	Petitioner: _____ _____ _____
---	--

Identify any Guardians of the Estate who have not joined in the Petition for Adjudication/ Statement of Proposed Distribution and/or the Account and state reason:

2. Judicial District or County issuing Adjudication of Incapacity:

Date of Adjudication of Incapacity: _____

Date of Appointment as Guardian: _____

Attach copy(ies) of Decree(s).

3. A. Explain the reason for filing this Account (if incapacitated person has died, state date of death, name and address of personal representative and of his or her counsel and attach a Short Certificate if available. If incapacitated person has been adjudged to have regained capacity, state date of Decree and attach a copy. If Account is filed for any other reason, state address of incapacitated person):

B . Is this the first accounting for this estate? Yes No

If not, identify prior accountings, the accounting periods covered, and the dates of adjudication of the prior accountings.

4. A. Identify each unpaid claim against the incapacitated person or the incapacitated person's estate and describe each in detail (if none, so state):

Estate of _____, An Incapacitated Person

B. Describe in detail any questions requiring adjudication and state the position of the Petitioner(s) as to each question:

C. If guardian or attorney fees are being claimed, state amount and the period covered for the requested fees:

5. Written Notice of the Account's filing as required by Pa. O.C. Rule 2.5 has been or will be given to all interested parties listed in item 6 below. In addition, notice of any known unpaid claim not admitted, all questions requiring adjudication and any requested fees as discussed in item 4 above has been or will be given to all persons affected thereby.

A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice.

B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.

C. If any such interested party is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Account's filing has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 4.2.

Estate of _____, An Incapacitated Person

6. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the estate, including the incapacitated person's heirs at law. This list shall:

A. State each party's relationship to the incapacitated person and the nature of each party's interest(s):

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons). For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each.

C. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed (see Pa. O.C. Rule 5.5).

7. If prescribed by local rule as permitted by Pa. O.C. Rule 2.9, is the Court being asked to direct the filing of a Schedule of Distribution? Yes No

Estate of _____, An Incapacitated Person

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

Submitted By:
(All petitioners must sign. Place additional signatures on attachment if necessary):

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Petitioner

Name of Representative and Title

Signature of Petitioner

Signature of Officer/Representative

Name of Petitioner

Signature of Petitioner

Estate of _____, An Incapacitated Person

(Verification must be by **at least one** petitioner.)

Verification for Individual Petitioner

The undersigned hereby verifies that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Petitioner

Verification for Corporate Petitioner

The undersigned hereby verifies that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Representative for Corporate Petitioner

Certification of Counsel

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication/Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

Date

Signature of Counsel for Petitioner

GUARDIANSHIP OF MINOR

COURT OF COMMON PLEAS OF

ORPHANS' COURT DIVISION

ESTATE OF _____, A MINOR

ACCOUNT OF _____, GUARDIAN

No. _____

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 2.4**

This form shall be used in all cases involving the Audit or Confirmation of the Account of a Guardian of the Estate of a minor or late minor. If space is insufficient, riders may be attached. Attach the papers required under items 2 and 5, as applicable, and any instrument pertinent to the adjudication.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____

Supreme Court I.D. No.: _____

Name of Law Firm: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Estate of _____, A Minor

1. Name(s) and address(es) of Petitioner(s):

Petitioner: <i>Name:</i> _____ <i>Address:</i> _____ _____	Petitioner: _____ _____ _____
---	--

Identify any Guardian of the Estate who have not joined in the Petition for Adjudication/Statement of Proposed Distribution and/or the Account and state reason:

2. Judicial District or County Appointing Guardian: _____

Date of Appointment as Guardian: _____

Attach copy(ies) of Decree(s).

3. A. Explain the reason for filing this Account (if minor has come of age, state date minor attained majority).

B. Is this the first accounting for this estate? Yes No

If not, identify prior accountings, the accounting periods covered, and the dates of adjudication of the prior accountings.

4. A. Identify each unpaid claim against the minor or the minor's estate and describe in detail (if none, so state):

Estate of _____, A Minor

B. Describe in detail any questions requiring adjudication and state the position of the Petitioner(s) as to each question:

C. If guardian or attorney fees are being claimed, state amount and the period covered for the requested fees:

5. Written Notice of the Account's filing as required by Pa. O.C. Rule 2.5 has been or will be given to all interested parties listed in item 6 below. In addition, notice of any unpaid claim not admitted, all questions requiring adjudication, and any requested fees as discussed in item 4 above has been or will be given to all persons affected thereby.

A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice.

B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.

C. If any such interested party is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Account's filing has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 4.2.

Estate of _____, A Minor

6. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the estate, including the minor's heirs at law. This list shall:

A. State each party's relationship to the minor and the nature of each party's interest(s):

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons). For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each.

C. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed (see Pa. O.C. Rule 5.5).

7. If prescribed by local rule as permitted by Pa. O.C. Rule 2.9, is the Court being asked to direct the filing of a Schedule of Distribution? Yes No

Estate of _____, A Minor

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

Submitted By:
(All petitioners must sign. Place additional signatures on attachment if necessary):

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Petitioner

Name of Representative and Title

Signature of Petitioner

Signature of Officer/Representative

Name of Petitioner

Signature of Petitioner

Estate of _____, A Minor

(Verification must be by **at least one** petitioner.)

Verification for Individual Petitioner

The undersigned hereby verifies that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Petitioner

Verification for Corporate Petitioner

The undersigned hereby verifies that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Representative for Corporate Petitioner

Certification of Counsel

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication/Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

Date

Signature of Counsel for Petitioner

PRINCIPAL'S ESTATE
(Under Power of Attorney)

COURT OF COMMON PLEAS OF

ORPHANS' COURT DIVISION

ESTATE OF _____, PRINCIPAL
ACCOUNT OF _____, AGENT(S) *
No. _____

PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 2.4

This form shall be used in all cases involving the Audit or Confirmation of the Account of one or more Agents acting under a Power of Attorney. If space is insufficient, riders may be attached. Attach the papers required under items 3, 4 and 9, as applicable, and any instrument pertinent to the adjudication.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____

Supreme Court I.D. No.: _____

Name of Law Firm: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

* *The term "Agent" shall include any person designated as an "attorney-in-fact" or acting in a similar capacity by the Principal's delegation.*

Estate of _____, Principal

1. Name(s) and address(es) of Petitioner(s):

Petitioner:

Petitioner:

Name: _____
Address: _____

Name(s) and address(es) of Agent(s) (if not Petitioner(s)):

Agent:

Agent:

Name: _____
Address: _____

Identify any Agents who have not joined in the Petition for Adjudication/Statement of Proposed Distribution and/or the Account and state reason:

2. Name and address of Principal (and, if applicable, of any Guardian appointed for Principal, of each personal representative for any Principal or Agent who has died, and of his or her counsel, identifying the capacity of each):

Judicial District or County where Principal resides, or if Principal is deceased, where Letters were issued: _____

3. A. Date of Principal's Power of Attorney under which Agent(s) acted:

B. Date Agent(s) first exercised control of Principal's assets under Power of Attorney:

(Attach copy of each different Power of Attorney granted to Agent(s) by Principal and copy of any Decree involving Agent(s) for Principal).

Estate of _____, Principal

4. A. Explain the reason for filing this Account (if Principal or Agent has died, state date of death, and attach a Short Certificate; if Principal has been adjudicated incapacitated, state date of Decree, and attach a copy):

- B. Is this the first accounting for this Principal's estate? Yes No

If not, identify prior accountings, the accounting periods covered, and the dates of adjudication of the prior accountings.

5. Describe all gifts/transfers for less than full and adequate consideration made under the Power of Attorney. Identify each recipient's name, address, and relationship to Principal and/or Agent, amount of each gift/transfer, nature of each (cash or kind), and date made, with any additional explanation deemed appropriate (*if none, so state*):

6. Identify every asset or interest (include title or registration and value) of Principal known to Petitioner(s) and not identified in Account, whether or not in possession or control of Petitioner(s) (*if none known, so state*):

Estate of _____, Principal

7. Identify each existing safe deposit box of or for Principal and each one closed by Agent(s) (if not applicable, so state):

<i>Institution & Address</i>	<i>Box No.</i>	<i>Title or Registration</i>	<i>Date Closed (if applicable)</i>

Are the entire contents of each safe deposit box identified in item 7 above included in the filed Account? Yes No

If not, explain:

8. A. Identify each known unpaid claim against Principal or Principal's estate and describe each in detail (if none, so state):

- B. Describe in detail any questions requiring adjudication and state the position of the Petitioner(s) as to each question:

Estate of _____, Principal

C. If fees are being claimed by the Agent or an attorney, state amount and the period covered for the requested fees:

9. Written Notice of the Account's filing as required by Pa. O.C. Rule 2.5 has been or will be given to each interested party in the matter. In addition, notice of any known unpaid claim not admitted, all questions requiring adjudication, and any requested fees as described in item 8 above has been or will be given to all parties affected thereby.

- A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice.
- B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.
- C. If any such interested party is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Account's filing has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 4.2.

10. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the Principal's estate. This list shall:

A. State each party's relationship to the Principal and the nature of each party's interest(s):

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

Estate of _____, Principal

B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons).
For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each.

C. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed
(see Pa. O.C. Rule 5.5).

11. If prescribed by local rule as permitted by Pa. O.C. Rule 2.9, is the Court being asked to direct the filing of a Schedule of Distribution? Yes No

Estate of _____, Principal

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

Submitted By:
*(All petitioners **must** sign. Place additional signatures on attachment if necessary):*

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Petitioner

Name of Representative and Title

Signature of Petitioner

Signature of Officer/Representative

Name of Petitioner

Signature of Petitioner

Estate of _____, Principal

(Verification must be by **at least one** petitioner.)

Verification for Individual Petitioner

The undersigned hereby verifies that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Petitioner

Verification for Corporate Petitioner

The undersigned hereby verifies that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Representative for Corporate Petitioner

Certification of Counsel

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication/Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

Date

Signature of Counsel for Petitioner

NOTICE OF CHARITABLE GIFT

(In Accordance with Pa. O.C. Rule 4.4)

COURT OF COMMON PLEAS OF

ORPHANS' COURT DIVISION

ESTATE OF _____, SETTLOR DECEASED
No. _____

Chief, Charitable Trusts and Organizations Section
Office of the Attorney General

Dear Sir or Madam:

Notice is given of a charitable gift as follows:

1. The nature of the present proceeding is an Account: Yes No If no, please proceed to Question 2.

(a) The Account is filed in a court with a separate Orphans' Court Division and has been or will be listed for Audit on _____,

in _____.
(State name of Courthouse and town/city.)

The time and place of the Audit is Court Room _____ at _____ o'clock.
If not provided herein, the time and location will be provided upon request when that information becomes available.

- (b) The Account is filed in a court without a separate Orphans' Court Division, and the last day for filing written objections is _____, at _____ o'clock.

Any objection shall be filed with _____
on or before the date and time above. *(State name of Courthouse and town/city.)*

- (c) The Account concerns an estate or trust in which a charity has an interest or is a potential distributee. Yes No

If NO, the Account concerns an estate or trust in which all or part of the balance of assets remaining on hand will be distributed to:

an estate in which a charity has an interest; or

a trust in which a charity is named as a qualified beneficiary as defined in 20 Pa.C.S. § 7703.

* If more space is required, attach additional sheets.

2. If the proceedings are other than an Account, state the nature of the proceedings and the place, date and time fixed for hearing:

3. Charitable gifts are made as follows:

- (a) Give full names and addresses of charities, and the names and addresses of counsel for any charity who has received notice or has appeared for it:

- (b) If pecuniary legacies, state exact amounts and indicate whether legacies will be or have been paid in full; if not, give reasons therefor.

- (c) If the charitable interest is a future interest and the estimated present value of the charity's future interest exceeds \$25,000, a brief description thereof including the conditions precedent to its vesting in enjoyment and possession, the names and ages of persons known to have interests preceding such charitable interest, and the approximate market value of the property involved.

Estate of _____,

SETTLOR DECEASED

(d) If residuary gift, state nature and value of share.

4. Provide a brief statement of all pertinent questions to be presented to the Court for adjudication or other disposition, including unresolved claims and any material questions of interpretation or distribution which may affect the value of the charitable interest.

5. The names and addresses of the fiduciaries are (state whether Executors and/or Trustees):

6. The names and addresses of counsel for the fiduciaries:

Estate of _____,

SETTLOR DECEASED

- 7. (a) A copy of the instrument creating the gift is attached hereto.
- (b) If the gift is other than a pecuniary legacy which will be paid in full, there is attached hereto:
 - (1) A copy of the Account, if one has been filed
 - (2) A copy of any other relevant documents

Very truly yours,

Date

Signature

Name of Counsel

Supreme Court I.D. No.

Name of Law Firm

Address

Telephone

Email

RENUNCIATION

REGISTER OF WILLS

Estate of _____, Deceased

The undersigned, _____, in the capacity/relationship as
(Name or Corporate Name)
_____ of the above Decedent, hereby renounces the right to administer the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully requests that Letters be issued to _____.

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/Representative

Signature of Person

Title of Officer/Representative

Address

Address

Telephone

Telephone

Email

Email

Executed in Register's Office

Sworn to or affirmed and subscribed before me this _____ day of _____, _____.

Executed out of Register's Office

Before the undersigned personally appeared the party executing this Renunciation and certified that he or she executed the Renunciation for the purposes stated within on this _____ day of _____, _____.

Deputy for Register of Wills

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's Commission.)

IMPORTANT NOTICE

**NOTICE OF ESTATE ADMINISTRATION
PURSUANT TO Pa. O.C. Rule 10.5**

**THIS NOTICE DOES NOT MEAN THAT YOU WILL RECEIVE ANY
MONEY OR PROPERTY FROM THIS ESTATE OR OTHERWISE**

Whether you will receive any money or property will be determined wholly or partly by the decedent's will. If the decedent died without a will, whether you will receive any money or property will be determined by the intestacy laws of Pennsylvania.

BEFORE THE REGISTER OF WILLS,

IN RE: ESTATE OF _____, Deceased

File Number _____

TO: _____ (Beneficiary)
_____ (Address)

Please take notice of the death of the Decedent and the grant of Letters to the personal representative(s) named below. The Decedent died on _____, a resident of

The Decedent died: _____ testate (with a Will) or intestate (without a Will).

You may have a beneficial interest in the estate as follows:

(If additional space is needed, use separate sheet)

The name(s), address(es) and telephone number(s) of all personal representatives appointed are:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____

If the Decedent died testate, the Will has been filed with the Office of the Register of Wills of

If the Decedent died intestate, a Petition for the Grant of Letters of Administration was filed with the Office of the Register of Wills of

The Register's address is _____,
and telephone number is _____.

A copy of the Will or Petition may be obtained by contacting the Register of Wills and paying the charges for duplication.

Date _____

Capacity: Personal Representative Counsel

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Signature of Person

Signature of Officer/Representative

CERTIFICATION OF NOTICE UNDER Pa. O.C. Rule 10.5

REGISTER OF WILLS

Name of Decedent: _____

Date of Death: _____ File Number: _____

Date Letters Granted: _____

To the Register:

I certify that Notice of Estate Administration required by Pa. O.C. Rule 10.5 of the Orphans' Court Rules was served on or mailed to the following beneficiaries of the above-captioned estate on

_____, _____ :

Name:

Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more space is needed, attach separate sheet.)

Notice has now been given to all persons entitled thereto under Pa. O.C. Rule 10.5 except:

Date _____

Corporate Fiduciary (if applicable)

Capacity: Personal Representative Counsel

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Signature of Officer/Representative

Signature of Person

INVENTORY

REGISTER OF WILLS OF

COMMONWEALTH OF PENNSYLVANIA
County of _____

} SS

File Number _____

The undersigned, _____, Personal Representative(s) of the Estate of _____ deceased, depose(s) and say(s) that the items appearing in the following Inventory include all of the personal assets wherever situated and all of the real estate in the Commonwealth of Pennsylvania of said Decedent, that the valuation placed opposite each item of said Inventory represents its fair value as of the date of Decedent's death, and that Decedent owned no real estate outside of the Commonwealth of Pennsylvania except that which appears in a memorandum at the end of this Inventory.

I verify that the statements made in this Inventory are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Corporate Fiduciary (if applicable)



Name of Corporate Fiduciary

Signature of Personal Representative

Name of Representative and Title

Signature of Personal Representative

Signature of Officer/Representative

Date

Attorney -- (Name) _____

(Supreme Court I.D. No.) _____

(Name of Law Firm) _____

(Address) _____

(Telephone) _____

(Email) _____

DATE OF DEATH	LAST RESIDENCE	DECEDENT'S SOC. SEC. NO.
---------------	----------------	--------------------------

FIGURES MUST BE TOTALED

TOTAL:	\$0.00

(Attach additional sheets as needed)

NOTE: The Memorandum of real estate outside the Commonwealth of Pennsylvania may, at the election of the personal representative, include the value of each item, but such figures should not be extended into the total of the Inventory. (See 20 Pa. C.S. § 3301(b))

Pa. O.C. Rule 10.6 STATUS REPORT

REGISTER OF WILLS OF

Name of Decedent: _____

Date of Death: _____ File Number: _____

Pursuant to Pa. O.C. Rule 10.6, I report the following with respect to completion of the administration of the above-captioned estate:

1. State whether administration of the estate is complete: Yes No

2. If the answer is No, state when the personal representative reasonably believes that the administration will be complete:

3. If the answer to No. 1 is YES, state the following:

a. Did the personal representative file a final account with the Court? Yes No

b. The separate Orphans' Court No. (if any) for the personal representative's account is:

c. Did the personal representative state an account informally to the parties in interest? Yes No

d. Copies of receipts, releases, joinders and approvals of formal or informal accounts may be filed with the Clerk of the Orphans' Court or may be attached to this report.

Date _____

Capacity: Personal Representative Counsel

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Email

Signature of Officer/Representative

Signature of Person