## PETITION FOR PROBATE AND GRANT OF LETTERS

REGISTER OF WILLS OF \_\_\_\_\_\_ COUNTY, PENNSYLVANIA

Estate of		File Number	
also known as			
	, Deceased	Social Security Number	r
Petitioner(s), who is/are 18 years of age or older, (COMPLETE 'A' or 'B' BELOW:)	apply(ies) for:		
A. Probate and Grant of Letters Testame			
(State r	elevant circumstances, e.g., renuncia	tion, death of executor, etc.)	
Except as follows, Decedent did not marry, was r	not divorced, and did not have a c	hild born or adopted after exe	ecution of the instrument(s) offered
for probate, was not the victim of a killing and w	as never adjudicated an incapacit	ated person:	
B. Grant of Letters of Administration	(If applicable, enter: c.t.a.; d.b.n.c.	t.a.; pendente lite; durante absent	tia; durante minoritate)
Petitioner(s) after a proper search has / have asce Administration, c.t.a. or d.b.n.c.t.a., enter date of		-	owing spouse (if any) and heirs: (If
Name	Relationship		Residence
	I		
(COMPLETE IN ALL CASES:) Attach addition	nal sheets if necessary.		
Decedent was domiciled at death in	County, Pen	nsylvania with his / her last p	rincipal residence at
(List street address, town/city, township, county, state, 2	cip code)		
Decedent, then years of age, died	on at		
Decedent at death owned property with estima			
(If domiciled in PA)	All personal		\$
(If not domiciled in PA) (If not domiciled in PA)	•	perty in Pennsylvania perty in County	\$ \$
Value of real estate in Pennsylvania		perty in County	\$ \$
-			*
Wherefore, Petitioner(s) respectfully request(s) the probable undersigned:	pate of the last Will and Codicil(s) pre	sented with this Petition and the g	grant of Letters in the appropriate form to
Signature		Typed or printed name and residence	

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## Oath of Personal Representative

COMMONWEALTH OF PENNSYLVANIA	: : SS	
COUNTY OF		
	Firm(s) that the statements in the foregoing Petition are true and correct to the best of	
	, as personal representative(s) of the Decedent, Petitioner(s) will well and truly	
administer the estate according to law.	, as personal representative (b) or the 2 events, 2 events, 2 events, (c) with well and truly	
administer the estate according to law.		
Sworn to or affirmed and subscribed		
before me the day of	Signature of Personal Representative	
,		
	Signature of Personal Representative	
For the Register	Signature of Personal Representative	
File Number:		
Estate of	, Deceased	
Social Security Number:	Date of Death:	
AND NOW.	, in consideration of the foregoing Petition, satisfactory proof	
	ED that Letters	
	in the above estate	
and that the instrument(s) dated		
described in the Petition be admitted to probate an	nd filed of record as the last Will (and Codicil(s)) of Decedent.	
FEES		
Letters	Register of Wills	
Short Certificate(s) \$	Attorney Signature:	
Renunciation(s) \$		
\$	Attorney Name:	
\$	Supreme Court I.D. No.:	
\$	- -	
\$	Address:	
\$		
\$		
\$		
\$	Telephone:	
\$ TOTAL \$		
101111		

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