

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:

Name:

Date of Birth:

_____	_____
_____	_____
_____	_____
_____	_____

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 interstate 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>
		Yes	Yes
		No	No
		Yes	Yes
		No	No
		Yes	Yes
		No	No
		Yes	Yes
		No	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 and list the attached documents below.

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