

ESTATE INFORMATION SHEET

FOR REGISTER'S OFFICE USE ONLY		
County Code	Year	File Number

DECEDENT INFORMATION: Enter data as it will appear on all documents submitted to the department.

Name (Last) (First) (Middle)		
Decedent's Social Security Number	Date of Death	Date of Birth

TYPE FILING: Enter check (✓) mark to indicate the nature of the return to be filed with the department.

<input type="checkbox"/> Probate Return	<input type="checkbox"/> Joint Assets Only	<input type="checkbox"/> Estate Tax Only	<input type="checkbox"/> Litigation Purposes (No Other Assets)
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LETTERS GRANTED: Enter check (✓) mark to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

<input type="checkbox"/> Testamentary	<input type="checkbox"/> Administration	<input type="checkbox"/> No Letters	<input type="checkbox"/> Other (Please Explain)
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ATTORNEY/CORRESPONDENT: Enter all data concerning the attorney or other individual to receive all tax information and correspondence.

Name (Last) (First) (Middle)			Supreme Court I.D. #
Street Address			
City	State	Zip Code	Telephone Number

PERSONAL REPRESENTATIVE INFORMATION: Enter all data concerning the personal representative(s) of the estate authorized by the Register of Wills

Executor/Administrator

Name (Last) (First) (Middle)			Social Security Number
Street Address			
City	State	Zip Code	Telephone Number

Co-Executor/Administrator

Name (Last) (First) (Middle)			Social Security Number
Street Address			
City	State	Zip Code	Telephone Number

Co-Executor/Administrator

Name (Last) (First) (Middle)			Social Security Number
Street Address			
City	State	Zip Code	Telephone Number

Prepared By	Date
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Informal Caveat

In the matter of the
Estate of

Date _____

_____, *Deceased*

To the Register of Wills of Philadelphia County,
Commonwealth of Pennsylvania:

This is to request that you grant no letters testamentary or letters of administration upon the estate of the above
decendent, who died at _____, _____,
(City) (State)
on _____, 19____, without notice to the undersigned.

NAME

ADDRESS

RELATIONSHIP

NOTICE TO CAVEATOR: *Bond must be fixed and entered within ten days of filing hereof or of filing of
petition for letters, whichever is later.*

REGISTER OF WILLS

_____ COUNTY, PENNSYLVANIA

OATH OF NON-SUBSCRIBING WITNESS(ES)

Estate of _____, Deceased

_____ and _____,
(each) being duly qualified according to law, depose(s) and say(s) that she / he / they was / were well-acquainted with _____ and am/are familiar with the handwriting and signature of _____ to the foregoing instrument purporting to be the Last Will and Testament/Codicil of _____ is in his/her own proper handwriting.

Sworn and subscribed before me the above date.

(Signature)

(Signature)

(Street Address)

(Street Address)

(City, State)

(City, State)

Executed in Register's Office

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

Deputy for Register of Wills

NOTE: To be taken by Officer authorized to administer oaths. Please have present the original or copy of instrument(s) at time of notarization.

REGISTER OF WILLS

_____ COUNTY, PENNSYLVANIA

OATH OF SUBSCRIBING WITNESS(ES)

Estate of _____, Deceased

_____, (each) a subscribing witness to
(Print Name/s)

the Will Codicil(s) presented herewith, (each) being duly qualified according to law, depose(s) and say(s) that she / he / they was / were present and saw the above Testator / Testatrix sign the same and that she / he / they signed the same and that she / he / they signed as a witness at the request of the Testator / Testatrix in her / his presence and in the presence of each other.

(Signature)

(Signature)

(Street Address)

(Street Address)

(City, State)

(City, State)

Executed in Register's Office

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

Executed out of Register's Office

Sworn to or affirmed and subscribed before me 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.)

NOTE: To be taken by Officer authorized to administer oaths. Please have present the original or copy of instrument(s) at time of notarization.

REGISTER OF WILLS
_____ COUNTY, PENNSYLVANIA

**OATH OF WITNESS TO WILL EXECUTED
BY ANOTHER**

Estate of _____, Deceased

_____ and _____ (each)
a subscribing witness to the Will Codicil executed by another, presented herewith,
being duly qualified according to law, depose(s) and say(s) that he / she / they was / were
present, saw and heard the Testator / Testatrix declare the foregoing document to be his /
her Will Codicil and that he / she was unable to sign his / her name or to make
his / her mark and directed _____ to subscribe his / her
name for him / her which _____ did subscribe as directed in
the presence of the Testator / Testatrix and in the presence of _____
and _____, as witnesses, who in the presence of the Testator /
Testatrix and in the presence of each other, at the request of the Testator / Testatrix,
subscribed my / our names as witnesses.

Sworn and subscribed before me the above date.

(Signature)

(Signature)

(Street Address)

(Street Address)

(City, State)

(City, State)

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

Deputy of Register of Wills

REGISTER OF WILLS OF PHILADELPHIA COUNTY
OATH OF WITNESS TO WILL EXECUTED
BY MARK

.....
codicil
(each) a subscribing witness to the will executed by mark, presented herewith (each) being duly qualified according to law, deposes and says that present, saw and heard
Codicil
....., the testat declare the foregoing document(s) to be h..... will and thathe was unable to sign h..... name and directed h..... name to be subscribed for h..... by , who did subscribe as directed in the presence of testa.....and in the presence of and as witnesses made h..... mark or cross in the space provided between h..... names, and and as witness in the presence of the testat..... and in the presence of each other at the request of the testat..... subscribed (my) (our) (their) names as witnesses.

Sworn to and subscribed before
me this,..... day of
..... 19.....
.....
For the *Register of Wills*

.....
(Name)
.....
(Address)
.....
(Name)
.....
(Address)

PETITION FOR GRANT OF LETTERS

REGISTER OF WILLS OF _____ COUNTY, PENNSYLVANIA

Petitioner(s) named below, who is/are 18 years of age or older, apply(ies) for Letters as specified below, and in support thereof aver(s) the following and respectfully request(s) the grant of Letters in the appropriate form:

Decedent's Information

Name: _____ **File No:** _____
 a/k/a: _____ **(Assigned by Register)**
 a/k/a: _____
 a/k/a: _____ **Social Security No:** _____

Date of Death: _____ **Age at death:** _____

Decedent was domiciled at death in _____ County, _____ (State) with his/her last principal residence at _____
 Street address, Post Office and Zip Code City, Township or Borough County

Decedent died at _____
 Street address, Post Office and Zip Code City, Township or Borough County State

Estimate of value of decedent's property at death:

If domiciled in Pennsylvania..... All personal property \$ _____
If not domiciled in Pennsylvania..... Personal property in Pennsylvania \$ _____
If not domiciled in Pennsylvania..... Personal property in County \$ _____
Value of real estate in Pennsylvania..... \$ _____
TOTAL ESTIMATED VALUE... \$ _____

Real estate in Pennsylvania situated at: _____
 (Attach additional sheets, if necessary.) Street address, Post Office and Zip Code City, Township or Borough County

A. Petition for Probate and Grant of Letters Testamentary

Petitioner(s) aver(s) he/she/they is/are the Executor(s) named in the last Will of the Decedent, dated _____ and Codicil(s) thereto dated _____

 State relevant circumstances (e.g. renunciation, death of executor, etc.)

Except as follows: after the execution of the instrument(s) offered for probate Decedent did not marry, was not divorced, was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323(g), and did not have a child born or adopted; and Decedent was neither the victim of a killing nor ever adjudicated an incapacitated person.

NO EXCEPTIONS EXCEPTIONS _____

B. Petition for Grant of Letters of Administration (If applicable) _____
 c.t.a., d.b.n., d.b.n.c.t.a., pendente lite, durante absentia, durante minoritate

If Administration, c.t.a. or d.b.n.c.t.a., enter date of Will in Section A above and complete list of heirs.

Except as follows: Decedent was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323(g) and was neither the victim of a killing nor ever adjudicated an incapacitated person.

NO EXCEPTIONS EXCEPTIONS _____

Petitioner(s), after a proper search has/have ascertained that Decedent left no Will and was survived by the following spouse (if any) and heirs (attach additional sheets, if necessary):

Name	Relationship	Address

RENUNCIATION

REGISTER OF WILLS

PHILADELPHIA COUNTY, PENNSYLVANIA

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.)

INVENTORY
REGISTER OF WILLS OF
PHILADELPHIA COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA
 County of Philadelphia County, PA.

} 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)

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}

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.
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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))

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

REGISTER OF WILLS PHILADELPHIA COUNTY, PENNSYLVANIA

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

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,
PHILADELPHIA COUNTY, PENNSYLVANIA

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 Philadelphia County, PA.

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 Representative and Title

Address

Telephone

Email

Signature of Officer/Representative

Name of Person

Address

Telephone

Email

Signature of Person

Pa. O.C. Rule 10.6 STATUS REPORT

REGISTER OF WILLS OF PHILADELPHIA COUNTY, PENNSYLVANIA

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

Signature of Officer/Representative

Signature of Person