

THE COURTS

Title 231—RULES OF CIVIL PROCEDURE

PART II. ORPHANS' COURT RULES

[231 PA. CODE PART II]

Order Adopting Pa.O.C. Rule 1.3; Amending Pa.O.C. Rules 5.6, 6.9, 6.12, 10.1, 14.2, 14.5, 16.5 and 16.10; and Repealing Pa.O.C. Rules 5.7, 16.11 and 16.12; and Approving Comments to Pa.O.C. Rules 5.5, 5.6, 5.7, 6.9, 6.12, 10.1, 14.2, 14.5, 16.5, 16.10, 16.11 and 16.12; No. 400 Supreme Court Rules; Doc. No. 1

Order

Per Curiam:

And Now, this 16th day of October, 2006, upon the recommendation of the Orphans' Court Procedural Rules Committee, the proposal having been published for comment before adoption at 35 Pa.B. 3405 (June 18, 2005) and republished at 35 Pa.B. 6092 (November 5, 2005):

It Is Ordered, pursuant to Article V, Section 10 of the Constitution of Pennsylvania that:

(1) Supreme Court Orphans' Court Rule 1.3 is adopted as follows;

(2) Supreme Court Orphans' Court Rules 5.6, 6.9, 6.12, 10.1, 14.2, 14.5, 16.5 and 16.10 are amended as follows;

(3) Supreme Court Orphans' Court Rules 5.7, 16.11, and 16.12 are repealed;

(4) The Committee Comments—2006 to Supreme Court Orphans' Court Rules 5.5, 5.6, 5.7, 6.9, 6.12, 10.1, 14.2, 14.5, 16.5, 16.10, 16.11 and 16.12 are approved; and

(5) Uniform forms and an index are adopted and follow the Supreme Court Orphans' Court Rules as an Appendix.

This *Order* shall be processed in accordance with Pa.R.J.A. 103(b) and shall be effective thirty days from the date of entry of this order.

Annex A

TITLE 231. RULES OF CIVIL PROCEDURE

PART II. ORPHANS' COURT RULES

RULE 1: JUDGES—LOCAL RULES

Rule 1.3. Forms.

The Supreme Court hereby adopts forms for practice and procedure before the Registers of Wills and Orphans' Court Divisions of this Commonwealth which shall be acceptable in all jurisdictions in addition to forms otherwise approved or mandated for use pursuant to local rules. These forms for statewide practice are set forth in an Appendix to these rules. The forms may be revised and supplemented from time to time. The forms shall also be maintained for public access at a website designated by the Supreme Court.

Committee Comment—2006: A number of forms previously recommended by the Committee for use before the Register of Wills, but not formally adopted by the Court, had appeared following Rule 10.1. Most of those forms have now been consolidated or revised and set forth in the Appendix hereto. However, certain forms have been deleted because they are properly generated by the Register of Wills rather than counsel. The forms formerly set forth in the body of Rules 5.7, 6.12, 14.5, 16.11 and 16.12, some with minor revisions, have been moved to the Appendix as well. In addition, a number of new forms for use in the Orphans' Court have been adopted by the Court. The current website for electronic access to the forms is found at <http://www.aopc.org/Index/Forms/IndexForms.asp>. The forms posted on the website are capable of on-line completion.

RULE 5: NOTICE

Rule 5.5. Charities—notice to the Attorney General.

* * * * *

Explanatory Note: This is an adaptation from rules presently in effect in a number of counties which in turn were derived from informal recommendations made by Mr. Justice McBride when he was Attorney General, published in *Fiduciary Review*, April 1958. That same article lists many non-accounting type proceedings in which notice would also be required.

* * * * *

The words "or his designated deputy" are added to conform with the wording in the initial paragraph and for further identification of the person to whom notice is usually most appropriate. The change from \$10,000 to \$25,000 avoids a nuisance for all parties in instances where the services of the Attorney General are not required.

Committee Comment—2006: See Appendix for form of notice under Rule 5.5.

Rule 5.6. Notice to Beneficiaries and Intestate Heirs.

(a) *Requirement of notice.* Within three (3) months after the grant of letters, the personal representative to whom original letters have been granted or the personal representative's counsel shall send a written notice of estate administration in the form [**set forth in Rule 5.7**] approved by the Supreme Court to:

* * * * *

(d) *Certification of notice.* Within ten (10) days after giving the notice required by subdivision (a) of this Rule, the personal representative or the personal representative's counsel shall file with the Register or Clerk a certification [**in the form set forth in Rule 5.7(b)**] that notice has been given as required by this Rule. No fee shall be charged by the Register or Clerk for filing the certification required by this subdivision.

* * * * *

(f) *Effect of notice.* This Rule shall not alter[,] or diminish [**or confer**] existing rights **or confer new rights**.

(g) *Copies of rule.* The Register shall deliver a copy of [**Rules 5.6 and 5.7**] **Rule 5.6 and the forms of notice and certification approved by the Supreme Court** to each personal representative and counsel at the time letters are granted.

[**Official**] **Explanatory Note:** It is not the intention of the Rule to require notice beyond the degree of consanguinity entitling a person to inherit under Chapter 21 of the Probate, Estates and Fiduciaries Code.

Committee Comment—2006: The form of notice and certification of notice required by Rule 5.6 and formerly set forth in Rule 5.7 have been revised and moved to the Appendix. Subparagraph (f) has been restated to correct a typographical error in the prior version of the rule.

(*Editor's Note:* As part of this order, the form following this rule has been moved to the Appendix. The form appeared in 231 Pa. Code pages 5-5 and 5-6, serial pages (252123) and (252124).)

Rule 5.7. [**Form of notice and certification of notice to beneficiaries and intestate heirs**] (Repealed).

Committee Comment—2006: The form of notice and certification of notice required by Rule 5.6 and formerly set forth in Rule 5.7 have been revised and moved to the Appendix.

(*Editor's Note:* As part of this order, this rule has been repealed. The text of this rule appeared in 231 Pa. Code pages 5-7—5-9, serial pages (252125) to (252127).)

RULE 6: ACCOUNTS AND DISTRIBUTION

Rule 6.9. Statement of proposed distribution.

* * * * *

(b) The statement of proposed distribution shall be filed at such place and time, shall be in such form and shall be accompanied by such papers, and shall be advertised or such notice thereof shall be given [**as local rules shall prescribe**], as prescribed by rules adopted by the Supreme Court or, in the absence thereof, the local Orphans' Court Division.

Committee Comment—2006: Form petitions for adjudication of a decedent's estate, trust, guardianship of an incapacitated person, guardianship of a minor and estate of a principal to be stated by an agent under a power of attorney have been adopted and appear in the Appendix.

Rule 6.12. Status report by personal representative.

* * * * *

(c) *Form of report.* The report required by this Rule shall be in substantially the [**prescribed**] form adopted by the Supreme Court.

* * * * *

(f) *Failure to file a report.* After at least ten (10) days prior notice to a delinquent personal representative and counsel, the Clerk of the Orphans' Court shall inform the Court of the failure to file the report required by this Rule with a request that the Court conduct a hearing to determine what sanctions, if any, should be imposed.

Committee Comment—2006: The form of status report has been revised and moved to the Appendix.

(*Editor's Note:* As part of this order, the form following this rule has been moved to the Appendix. The form appeared in 231 Pa. Code page 6-5, serial page (236793).)

RULE 10: REGISTER OF WILLS

Rule 10.1. Procedure and forms.

* * * * *

[**Explanatory Note:** The Committee has prepared and filed currently herewith recommended forms.]

Committee Comment—2006: The forms adopted by the Supreme Court appear in the Appendix. The forms previously recommended by the Committee, which followed Rule 10, have been revised. Certain forms previously recommended by the Committee, but which are generated by the Register of Wills instead of counsel, have been eliminated.

(*Editor's Note:* As part of this order, the forms following this rule have been moved to the Appendix. The forms appeared in 231 Pa. Code pages 10-2—10-17, serial pages (236802) to (236817).)

RULE 14. INCOMPETENTS' ESTATES

Rule 14.2. Adjudication of incapacity and appointment of a guardian of the person and/or estate of an incapacitated person.

A petition to adjudicate incapacity shall meet all requirements set forth at 20 Pa.C.S. § 5511. A citation and notice in the form [**set forth in Rule 14.5**] approved by the Supreme Court shall be attached to and served with a petition. The procedure for determination of incapacity and for appointment of a guardian shall meet all requirements set forth at 20 Pa.C.S. §§ 5512 and 5512.1.

Committee Comment—2006: The form of citation and notice formerly found in the body of Rule 14.5 has been moved to the Appendix.

Rule 14.5. Form of Citation and Notice.

The citation and notice to be attached to and served with a petition for adjudication of incapacity and appointment of guardian shall be substantially in the [**following**] form [:] approved by the Supreme Court.

(*Editor's Note:* As part of this order, the form in this rule has been moved to the Appendix. The form appeared in 231 Pa. Code pages 14-2 and 14-3, serial pages (252130) and (281641).)

[**Official Note:** Rule 14.5 prescribes the form of the uniform citation and notice to be served with a petition for adjudication of incapacity and appointment of guardian as required by Section 5511 of the Probate, Estates and Fiduciaries Code, 20 Pa.C.S. § 5511.

The rule is part of an ongoing process by which all existing subdivisions of Rule 14 are being revised to reflect current requirements.]

Committee Comment—2006: The form of citation and notice formerly found in the body of Rule 14.5 has been moved to the Appendix.

RULE 16. PROCEEDINGS PURSUANT TO SECTION 3206 OF THE ABORTION CONTROL ACT

Rule 16.5. Application. Contents. Form of Verification. Assistance in Preparation.

(a) The application shall set forth the following:

* * * * *

(3) the names and addresses of each parent, guardian or, if the petitioner is a minor whose parents are deceased and no guardian has been appointed, any other person standing in loco parentis to the applicant;

[*Official Note:* The names and addresses may be included in the separate unsworn verifications, form of which is provided by Rule 16.12, which shall be incorporated by reference in the application.]

* * * * *

(7) an unsworn verification by the applicant stating that the information therein is true and correct and that the applicant is aware that any false statements made in the application are [punishable by law. The verification may be substantially in the form prescribed by subdivision (b)] subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities; and

(8) the signature of the applicant, which may consist of the applicant's initials.

[*Official Note:* See Rule 16.11 and Rule 16.12 for a suggested form of application when the applicant is a minor.]

(b) [The verification required by subdivision (a)(7) may be substantially in the following form.

I verify that the statements made in this application are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

(c)] Where necessary to serve the interest of justice, the court shall refer the applicant to the appropriate personnel for assistance in preparing the application.

Committee Comment—2006: The form of unsworn verification previously found in subdivision (b) has been deleted. This unsworn verification required by subdivision (a)(7) is the standard form of verification made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa.C.S. § 4904.

Forms formerly found in Rule 16.11 and 16.12 for applications and separate unsworn verifications by minors have been moved to the Appendix.

Rule 16.10. Form; Generally.

The form of application by a minor and form of separate unsworn verification shall be prepared and filed in substantial conformity with[:

(i) The forms set forth in Rules 16.11 and 16.12; or (ii)] the forms approved by the [local court—whichever the minor shall elect] Supreme Court.

[*Official*] *Explanatory Note:* Additional averments will be required for an application filed on behalf of a person who has been adjudged an incapacitated person pursuant to Chapter 55 of the Probate, Estates and Fiduciaries Code, 20 Pa.C.S. Section 5501, et seq.

Committee Comment—2006: Forms formerly found in Rules 16.11 and 16.12 for applications and verifications by minors have been moved to the Appendix.

Rule 16.11. [Form of Application by a minor] (Repealed).

Committee Comment—2006: The form formerly found in Rule 16.11 for application by a minor has been moved to the Appendix.

(*Editor's Note:* As part of this order, this rule has been repealed. The text of this rule appeared in 231 Pa. Code pages 16-5 and 16-6, serial pages (276631) and (276632).)

Rule 16.12. [Form of Separate Unsworn Verification] (Repealed).

Committee Comment—2006: The form formerly found in Rule 16.12 for unsworn verification by a minor has been moved to the Appendix.

(*Editor's Note:* As part of this order, this rule has been repealed. The text of this rule appeared in 231 Pa. Code pages 16-6—16-8, serial pages (276632) to (276634).)

INDEX TO APPENDIX

ORPHANS' COURT AND REGISTER OF WILLS FORMS ADOPTED BY SUPREME COURT PURSUANT TO Pa.O.C. Rule 1.3

Available as Fill-in Forms on Website of Administrative Office of Pennsylvania Courts <http://www.aopc.org/Index/Forms/IndexForms.asp>.

Orphans' Court and Administration Forms

A. Audit and Administration Forms

- 1. Petition for Adjudication—Decedent's Estate (Pa.O.C. Rule 6.9)..... OC-01
- 2. Petition for Adjudication—Trust Estate (Pa.O.C. Rule 6.9)..... OC-02
- 3. Petition for Adjudication—Guardian of Estate of Incapacitated Person (Pa.O.C. Rule 6.9) OC-03
- 4. Petition for Adjudication—Guardian of Estate of Minor (Pa.O.C. Rule 6.9) OC-04
- 5. Petition for Adjudication—Principal's Estate under POA (Pa.O.C. Rule 6.9) OC-05
- 6. Notice of Charitable Gift (Pa.O.C. Rule 5.5) OC-06
- 7. Notice of Claim OC-07

B. Guardianship Forms

- 1. Important Notice—Citation with Notice (Pa.O.C. Rule 14.5) G-01

- 2. Annual Report—Guardian of Estate G-02
- 3. Annual Report—Guardian of Person G-03
- 4. Guardian’s Inventory G-04
- 5. Petition for Adjudication—Guardian of Estate of Incapacitated Person OC-03*
- 6. Petition for Adjudication—Guardian of Estate of Minor OC-04**

* Form OC-3 is not reprinted here and is located under Audit and Administration Forms at No. 3.

** Form OC-4 is not reprinted here and is located under Audit and Administration Forms at No. 4.

C. Abortion Control Act Forms

- 1. Minor’s Application for Judicial Authorization of an Abortion (Pa.O.C. Rule 16.10) ACA-01
- 2. Confidential Unsworn Verification by a Minor (Pa.O.C. Rule 16.10) ACA-02

D. Register of Wills Forms

- 1. Estate Information Sheet RW-01

(Not adopted by Supreme Court; form promulgated by Department of Revenue and maintained with Register of Wills forms for convenience.)

- 2. Petition for Probate and Grant of Letters RW-02
- 3. Oath of Subscribing Witness(es) RW-03
- 4. Oath of Non-subscribing Witness(es) RW-04
- 5. Oath of Witness(es) to Will Executed by Mark . RW-05
- 6. Renunciation RW-06
- 7. Pa.O.C. Rule 5.6 Notice RW-07
- 8. Certification of Notice under Pa.O.C. Rule 5.6(a) RW-08
- 9. Estate Inventory RW-09
- 10. Pa.O.C. Rule 6.12 Status Report RW-10

DECEDENT'S ESTATE

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

ESTATE OF _____, DECEASED

No. _____

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 6.9**

This form may be used in all cases involving the Audit of the Account of a Decedent's Estate. If space is insufficient, riders may be attached. Attach the spouse's election, if any; the papers required under items 8-19 inclusive; 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: _____

Estate of _____, Deceased

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

Name: _____

Address: _____

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

Is this the first accounting by this fiduciary? Yes No

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

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
(See Section 2201 et seq. of the Probate, Estates and Fiduciaries Code)

If yes, 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

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

If yes, give names and dates of birth:

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

- 7. If required by the Medical Assistance Estate Recovery Act, 62 P.S. § 1412, was a request for a statement of claim sent to the Department of Public Welfare? Yes No

Estate of _____, Deceased

- 8. Written notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest 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 14 below 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 together with a statement executed by a Petitioner or counsel certifying that such notice has been given.
 - C. If any person entitled to Notice is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.
 - D. If any charitable interest is involved, Notice of the Audit has been or will also be given to the Attorney General as required under Pa. O.C. Rule 5.5. 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.
- 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 or Codicil(s) or as intestate heirs if there is a complete or partial intestacy:

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

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

Estate of _____, Deceased

<i>Name and Address of Each Party in Interest</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 for this Audit (*see Pa. O.C. Rule 12.4*).

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.

Estate of _____, Deceased

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.

11. Was family exemption claimed? Yes No

Was family exemption allowed? Yes No

Family exemption claimant's name and relationship:

Name: _____ Relationship: _____

Estate of _____, Deceased

- 12. The amount of Pennsylvania Transfer Inheritance Tax and additional Pennsylvania Estate 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 absolutely 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.

- 14. 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

- 15. 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

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

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

17. 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

18. 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 parties in interest? Yes No

If so, attach a copy of the notice.

19. Is the Court being asked to direct the filing of a Schedule of Distribution? Yes No

As to real estate only? Yes No

Estate of _____, Deceased

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.
Add additional lines if necessary):*

Name of Petitioner:

Name of Petitioner:

Estate of _____, Deceased

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

The undersigned hereby verifies * [that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and] that the 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).

 Signature of Petitioner

** Corporate petitioners must complete bracketed information.*

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.

 Signature of Counsel for Petitioner

TRUST

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
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 6.9

This form may be used in all cases involving the Audit of Trust Accounts. If space is insufficient,
riders may be attached.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____
Supreme Court I.D. No.: _____
Name of Law Firm: _____
Address: _____
Telephone: _____
Fax: _____

Name of Trust: _____

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

Petitioner:

Petitioner:

Name: _____

Address: _____

2. 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. Williamson Issue*
- L. Other Issues

List:

Please note:

A detailed explanation of issues checked should be set forth at item 13 below.

* See *Williamson Estate*, 368 Pa. 343, 82 A.2d 49 (1951), if Trustee was also Executor of the settlor/decedent's estate and received commissions in such capacity.

Name of Trust: _____

3. **Testamentary Trust:**

Decedent's date of death: _____

Date of Decedent's Will: _____

Date(s) of Codicil(s): _____

Date of probate: _____

or

Inter Vivos Trust:

Date of Trust: _____

Date(s) of Amendment(s): _____

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

B. Identify all prior accountings and provide dates of adjudication.

5. A. State how each Trustee was appointed:

B. If a Petitioner is not a Trustee, explain:

Name of Trust: _____

11. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed for this Audit (see Pa. O.C. Rule 12.4):

12. A. State the amount of Pennsylvania Transfer Inheritance Tax and Pennsylvania Estate 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:

13. Describe any questions requiring Adjudication and state the position of Petitioner(s) and give details of any issues identified in item 2:

Name of Trust: _____

14. Written notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest listed in item 15 below. In addition, notice of any questions requiring Adjudication as discussed in item 13 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 together with a statement executed by Petitioner(s) or counsel certifying that such Notice has been given.
 - C. If any such party in interest is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.
 - D. If any charitable interest is involved, Notice of the Audit has been or will also be given to the Attorney General as required under Pa. O.C. Rule 5.5. 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.
15. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the Trust, 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 Party in Interest</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

Name of Trust: _____

<i>Name and Address of Each Party in Interest</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; and

C. 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.

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

17. If a trustee's principal commission is claimed:

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

Name of Trust: _____

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.

<i>Amount</i>	<i>Date Paid</i>
_____	_____
_____	_____
_____	_____
_____	_____

18. 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 parties in interest? Yes No

If so, attach a copy of the notice.

19. 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.
Add additional lines if necessary):*

Name of Petitioner:

Name of Petitioner:

Name of Trust: _____

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

The undersigned hereby verifies * [that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and] that the 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).

Signature of Petitioner

* *Corporate petitioners must complete bracketed information.*

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.

Signature of Counsel for Petitioner

GUARDIANSHIP OF INCAPACITATED PERSON

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
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 6.9**

This form may be used in all cases involving the Audit of the Account of a Guardian of the Estate of an incapacitated person. If space is insufficient, riders may be attached.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____
Supreme Court I.D. No.: _____
Name of Law Firm: _____
Address: _____
Telephone: _____
Fax: _____

Estate of _____, An Incapacitated Person

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

Petitioner:

Petitioner:

Name: _____

Address: _____

2. 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. If Account is filed for any other reason, state address of incapacitated person):

B. Have prior accountings been filed? Yes No

If yes, state accounting periods and dates of adjudication.

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

Estate of _____, An Incapacitated Person

- 5. Written Notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest listed in item 6 below. In addition, notice of any questions requiring adjudication 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 together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.
 - C. If any such party in interest is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.

- 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 Party in Interest</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

Estate of _____, An Incapacitated Person

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.

7. 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 suggests 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.
Add additional lines if necessary):*

Name of Petitioner:

Name of Petitioner:

Estate of _____, An Incapacitated Person

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

The undersigned hereby verifies * [that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and] that the 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).

Signature of Petitioner

** Corporate petitioners must complete bracketed information.*

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.

Signature of Counsel for Petitioner

GUARDIANSHIP OF MINOR

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

ESTATE OF _____, A MINOR
ACCOUNT OF _____, GUARDIAN
No. _____

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 6.9**

This form may be used in all cases involving the Audit of the Account of a Guardian of the Estate of a minor or late minor. If space is insufficient, riders may be attached.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____
Supreme Court I.D. No.: _____
Name of Law Firm: _____
Address: _____
Telephone: _____
Fax: _____

Estate of _____, A Minor

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

Petitioner:

Petitioner:

Name: _____

Address: _____

2. 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. Have prior accountings been filed? Yes No

If yes, state accounting periods and dates of adjudication.

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

Estate of _____, A Minor

5. Written Notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest listed in item 6 below. In addition, notice of any questions requiring adjudication 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 together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.
 - C. If any such party in interest is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.

6. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the estate, including the minor or late minor's heirs at law. This list shall:
 - A. State each party's relationship to the minor or late minor and the nature of each party's interest(s):

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

Estate of _____, A Minor

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.

7. Is the Court being asked to direct the filing of a Schedule of Distribution? 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.
Add additional lines if necessary):

Name of Petitioner:

Name of Petitioner:

Estate of _____, A Minor

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

The undersigned hereby verifies * [that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and] that the 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).

Signature of Petitioner

** Corporate petitioners must complete bracketed information.*

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.

Signature of Counsel for Petitioner

**PRINCIPAL’S ESTATE
(Under Power of Attorney)**

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS’ COURT DIVISION

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

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 6.9**

This form may be used in all cases involving the Audit of the Account of one or more Agents acting under a Power of Attorney. If space is insufficient, riders may be attached.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____
Supreme Court I.D. No.: _____
Name of Law Firm: _____
Address: _____
Telephone: _____
Fax: _____

** 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: _____

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

Agent:

Agent:

Name: _____

Address: _____

3. Name and address of Principal (and, if applicable, of each 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):

4. 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

- 8. 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>

- 9. Are the entire contents of each safe deposit box identified in item 8, above, included in the filed Account? Yes No

If not, explain:

- 10. 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

- 11. Written Notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to each party in interest in the matter. In addition, Notice of any known unpaid claim not admitted and of all questions requiring adjudication, as described in item 10, above, has been or will be given to all parties who may be affected.
 - A. State the name and address of each such party and that party’s relationship to the Principal.

 - B. If Notice has been given, attach a copy of the Notice as well as a list with the name and address of each party receiving such Notice.

 - C. If Notice is yet to be given, a copy of the Notice as well as a list with the name and address of each party receiving such Notice shall be submitted at the Audit together with a statement executed by Petitioner(s) or counsel, certifying that such Notice has been given.

 - D. If any such party is not *sui juris* (e.g., incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party’s behalf as required by Pa. O.C. Rule 5.2.

- 12. Is the Court being asked to direct the filing of a Schedule of Distribution? Yes No

THE COURTS

Estate of _____, Principal

Wherefore, it is respectfully requested by your Petitioner(s) that distribution be awarded to the parties entitled as follows:

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

Submitted By:
*(All petitioners must sign.
Add additional lines if necessary):*

Name of Petitioner:

Name of Petitioner:

Estate of _____, Principal

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

The undersigned hereby verifies * [that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and] that the 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).

Signature of Petitioner

** Corporate petitioners must complete bracketed information.*

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.

Signature of Counsel for Petitioner

NOTICE OF CHARITABLE GIFT

(In Accordance with Pa. O.C. Rule 5.5)

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

ESTATE OF _____, SETTLOR DECEASED

No. _____

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

Date: _____

Dear Sir or Madam:

Notice is given of a charitable gift as follows:

1. The nature of the present proceeding is:

(a) An Account which has been or will be listed for Audit in the Orphans' Court on
_____, 20_____, 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) If the proceedings are other than an Account, state the nature of the proceedings and the place, date and time fixed for hearing:

* If more space is required, attach additional sheets.

Estate of _____ Settlor Deceased

2. Charitable gifts are made as follows:

(a) Give full names and addresses of charities, and names and addresses of counsel, if any.

(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 property involved 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.

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

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,

Signature

Attorney's Name and Supreme Court I.D. No.

Attorney's Address

Attorney's Telephone

NOTICE OF CLAIM

(Filed Pursuant to 20 Pa.C.S. § 3532)

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

ESTATE OF _____, DECEASED

No. _____

To the Clerk of the Orphans' Court Division:

Enter the claim of _____ in the
(Claimant)
amount of \$ _____, against the above entitled Estate.

The Decedent, who resided at _____
(Street Address)
_____, died on _____
(Date of Death). Written notice of
said claim was given to _____
(Personal Representative or his/her counsel)
at _____
(Address)
on _____
(Date).

(Claimant)

(Street Address)

(City, State, Zip)

(Claimant's Counsel) *(Supreme Court I.D. No.)*

(Address)

(Telephone)

**IMPORTANT NOTICE
CITATION WITH NOTICE**

COURT OF COMMON PLEAS OF
____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

To _____:

**IMPORTANT NOTICE
CITATION WITH NOTICE**

A Petition has been filed with this Court to have you declared an Incapacitated Person. If the Court finds you to be an Incapacitated Person, your rights will be affected, including your right to manage money and property and to make decisions. A copy of the Petition which has been filed by _____ is attached.

You are hereby ordered to appear at a hearing to be held in Courtroom No. _____, _____, Pennsylvania on _____, 2____ at _____ .m. to tell the Court why it should not find you to be an Incapacitated Person and appoint a Guardian to act on your behalf.

To be an Incapacitated Person means that you are not able to receive and effectively evaluate information and communicate decisions and that you are unable to manage your money and/or other property, or to make necessary decisions about where you will live, what medical care you will get, or how your money will be spent.

At the hearing, you have the right to appear, to be represented by an attorney, and to request a jury trial. If you do not have an attorney, you have the right to request the Court to appoint an attorney to represent you and to have the attorney's fees paid for you if you cannot afford to pay them yourself. You also have the right to request that the Court order that an independent evaluation be conducted as to your alleged incapacity.

If the Court decides that you are an Incapacitated Person, the Court may appoint a Guardian for you, based on the nature of any condition or disability and your capacity to make and communicate decisions. The Guardian will be of your person and/or your money and other property that will have either limited or full powers to act for you.

THE COURTS

To _____:

If the Court finds you are totally incapacitated, your legal rights will be affected and you will not be able to make a contract or gift of your money or other property. If the Court finds that you are partially incapacitated, your legal rights will also be limited as directed by the Court.

If you do not appear at the hearing (either in person or by an attorney representing you) the Court will still hold the hearing in your absence and may appoint the Guardian requested.

By: _____
Clerk, Orphans' Court

ANNUAL REPORT OF
GUARDIAN OF THE ESTATE

COURT OF COMMON PLEAS OF
COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

Estate of _____, an Incapacitated Person
No. _____

I. INTRODUCTION

_____, was appointed
Plenary Limited Guardian of the Estate by Decree of _____, J.,
dated _____.

A. This is the Annual Report for the period from _____, _____
to _____, _____ (the "Report Period"); or

B. This is the Final Report for the period from _____, _____
to _____, _____ (the "Report Period"), and is filed

for the following reason:

- 1. The death of the Incapacitated Person. Date of death: _____
Name of Personal Representative : _____
2. The Guardianship was terminated by the Court by Decree of
_____ J., dated _____

Estate of _____, An Incapacitated Person

II. SUMMARY

- A. State the value of the estate reported on the Inventory \$ _____
- B. State the value(s) of principal assets at the beginning of the Report Period. (Same as Inventory if first Report, otherwise, ending balance from last Report.) \$ _____
- C. What is the total amount of income earned during the Report Period? \$ _____
- D. What is the total amount of income and principal spent for all purposes during the Report Period? \$ _____
- E. What are the balances remaining at the end of the Report Period?
 - 1. Principal \$ _____
 - 2. Income \$ _____
 - 3. Total of Principal and Income \$ _____

III. ADDITIONAL INFORMATION

(If more space is needed, please attach additional pages.)

A. Principal

- 1. How is the principal balance listed above currently invested? (Please specify, e.g., real estate, certificates of deposit, restricted bank accounts, etc.):

- 2. Have there been any expenditures from the principal during the Report Period? Yes No

If yes:

- a. Have all expenditures from the principal been for the sole benefit of the Incapacitated Person? Yes No

Estate of _____, An Incapacitated Person

b. List purpose and amount of expenditures:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Was Court approval received prior to expending the principal? Yes No

3. Were additional principal assets received during the Report Period which were not included in the Inventory or a prior Report filed for the Estate? Yes No

If yes:

a. Was Court approval requested prior to receiving the additional principal? Yes No

b. State the sources and amounts of the additional principal received:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Income

1. State sources and amounts of income received during the Report Period (e.g., Social Security, pension, rents, etc.):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total income received during Report Period: \$ _____

Estate of _____, An Incapacitated Person

2. How is income currently invested? (Please specify, e.g., restricted bank accounts, client care account, etc.):

C. Expenses for Care and Maintenance

Specify what expenditures were made from the principal and income for the care and maintenance of the Incapacitated Person (e.g., clothing, nursing home, medicine, support, etc.):

D. Other Expenditures

Specify what other expenditures were made during the Report Period. (Do not include any items stated in response to question C above.)

E. Guardian's Commissions

List amounts of compensation paid as Guardian's commission and state how amount was determined:

<i>Amount</i>	<i>Method of Determination</i>	<i>Court Approval Obtained</i>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate of _____, An Incapacitated Person

F. Counsel Fee

List amounts paid as counsel fee, and indicate whether Court approval was obtained.

<i>Amount</i>	<i>Court Approval Obtained</i>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Telephone

**ANNUAL REPORT OF
GUARDIAN OF THE PERSON**

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

Estate of _____, an Incapacitated Person

No. _____

I. INTRODUCTION

_____, was appointed

Plenary Limited Guardian of the Person by Decree of _____, J.,
dated _____.

A. This is the **Annual Report** for the period from _____, _____
to _____, _____ (the "Report Period"); *or*

B. This is the **Final Report** for the period from _____, _____
to _____, _____ (the "Report Period"), and is filed

for the following reason:

1. The death of the Incapacitated Person. Date of death: _____

2. The Guardianship was terminated by the Court by Decree of
_____ J., dated _____.

For a Final Report, omit Sections II through IV.

Estate of _____, an Incapacitated Person

II. PERSONAL DATA

Age of the Incapacitated Person: _____ Date of Birth: _____

III. LIVING ARRANGEMENTS

A. Current address of the Incapacitated Person:

B. The Incapacitated Person's residence is:

- own home / apartment
- nursing home
- boarding home / personal care home
- Guardian's home / apartment
- hospital or medical facility
- relative's home (name, relationship and address)

other:

C. The Incapacitated Person has been in the present residence since _____

_____. If the Incapacitated Person has moved within the

past year, state prior residence and reason(s) for move: _____

Estate of _____, an Incapacitated Person

D. Name and address of the Incapacitated Person’s primary caregiver:

IV. MEDICAL INFORMATION

A. The major medical or mental problems of the Incapacitated Person are as follows:

B. Specify what, if any, social, medical, psychological and support services the Incapacitated Person is receiving:

V. GUARDIAN’S OPINION

A. It is the opinion of the Guardian of the Person that the guardianship should:

- continue
- be modified
- be terminated

Estate of _____, an Incapacitated Person

The reasons for the foregoing opinion are: _____

B. During the past year, the Guardian of the Person has visited the Incapacitated Person

_____ times with the average visit lasting _____ hours, _____ minutes.

The report of a social service organization employed by the Guardian to oversee and coordinate the care of the Incapacitated Person for the period covered by this Report may be attached to supplement this Report.

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

Date

Signature of Guardian of the Person

Name of Guardian of the Person (type or print)

Address

City, State, Zip

Telephone

GUARDIAN'S INVENTORY

COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

Estate of _____ } an Incapacitated Person
a Minor
No. _____

1. Real Estate: (Location, by whom occupied and rental terms, if applicable)

Estimated Value:

Table with 2 columns: Real Estate description and Estimated Value. Includes a Sub-Total for Real Estate row.

2. Personal Property:

Estimated Value:

Table with 2 columns: Personal Property description and Estimated Value.

3. Jointly Held Property:

Estimated Value:

(Set forth real and personal property owned by the Incapacitated Person JOINTLY with any other person(s). State whether held as tenants by the entireties; if not, whether the right of survivorship exists.)

Jointly Held Property

Table with 2 columns: Jointly Held Property description and Estimated Value.

**MINOR'S APPLICATION FOR
JUDICIAL AUTHORIZATION OF AN ABORTION**

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
(JUVENILE COURT SECTION OF THE FAMILY DIVISION),
 ORPHANS' OR FAMILY COURT DIVISION

IN RE: Matter of _____, A Minor : Application No. _____
(Initials) : of 2 _____

TO THE HONORABLE, THE JUDGES OF THE SAID COURT:

Applicant, a minor, whose initials are _____, respectfully states:

1. Applicant is a pregnant woman, who (choose one):
 - is a resident of this county; or
 - seeks an abortion within this county.
2. Applicant's date of birth is _____, _____.
3. Applicant is approximately _____ weeks pregnant.
4. The name and address of each parent or guardian or person standing in *loco parentis* are contained in Applicant's separate unsworn verification.
- Yes No 5. Applicant desires to terminate her pregnancy and has consulted with the physician who is to perform the abortion, or with a referring physician, for that purpose on *(date)* _____ at _____ o'clock a.m. / p.m. Applicant has been fully informed of the risks and consequences of the abortion.
- Yes No 6. Applicant consents to the abortion procedure.
- Yes No 7. Applicant is of sound mind and has sufficient intellectual capacity to consent to an abortion.

IN RE: Matter of _____, A Minor
(Initials)

Yes No 8. Applicant is mature and capable of giving informed consent to the proposed abortion.

OR

Yes No The performance of an abortion upon the applicant would be in the applicant's best interests.

9. Applicant is executing an unsworn verification with respect to statements of fact in this application. The unsworn verification is set forth in a document separate from this application but incorporated herein by reference. Applicant is aware that any false statements made in this application are punishable by law.

Wherefore, Applicant prays this Honorable Court to enter an Order authorizing a physician to perform an abortion upon Applicant.

Respectfully submitted,

Applicant's Signature
(Initials may be used as signature)

CONFIDENTIAL VERIFICATION

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
(JUVENILE COURT SECTION OF THE FAMILY DIVISION)
 ORPHANS' OR FAMILY COURT DIVISION

IN RE: Matter of _____, A Minor : Application No. _____
(Initials) : of 2 _____

1. I, _____ (*initials only*), am the applicant in a separate application for an abortion under Section 3206 of the Abortion Control Act, 18 Pa.C.S. § 3206.
2. The name and address of each of my parents, guardian or person standing in *loco parentis* is as follows (*please print*):

Father: Name _____
Street _____
City, State, Zip _____

Mother: Name _____
Street _____
City, State, Zip _____

Guardian: Name _____
Street _____
City, State, Zip _____

IN RE: Matter of _____, A Minor
(Initials)

3. I verify that the statements made in the separate application and in this unsworn verification are true and correct to the best of my personal knowledge or information and belief.

I understand that false statements herein are made subject to penalties of Section 4904 of the Crimes Code, 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Applicant's Signature
(Initials may be used as signature)

Applicant's Date of Birth

Date

REV-346 EX (8-92)

PA DEPARTMENT OF REVENUE

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)
---	--	--	--

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)
---------------------------------------	---	-------------------------------------	---

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. No.
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
-------------	------

rev. 10.13.06

Form RW-02

PETITION FOR PROBATE AND GRANT OF LETTERS

REGISTER OF WILLS OF _____ COUNTY, PENNSYLVANIA

Estate of _____
also known as _____
_____, Deceased

File Number _____
Social Security Number _____

Petitioner(s), who is/are 18 years of age or older, apply(ies) for:
(COMplete 'A' or 'B' BELOW:)

[] A. Probate and Grant of Letters Testamentary and aver that Petitioner(s) is / are the _____ named in the
last Will of the Decedent dated _____ and codicil(s) dated _____
(State relevant circumstances, e.g., renunciation, death of executor, etc.)

Except as follows, Decedent did not marry, was not divorced, and did not have a child born or adopted after execution of the instrument(s) offered
for probate, was not the victim of a killing and was never adjudicated an incapacitated person: _____

[] B. Grant of Letters of Administration
(If applicable, enter: c.t.a.; d.b.n.c.t.a.; pendente lite; durante absentia; durante minoritate)

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: (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.)

Table with 3 columns: Name, Relationship, Residence

(COMPLETE IN ALL CASES:) Attach additional sheets if necessary.

Decedent was domiciled at death in _____ County, Pennsylvania with his / her last principal residence at _____

(List street address, town/city, township, county, state, zip code)

Decedent, then _____ years of age, died on _____ at _____

Decedent at death owned property with estimated values as follows:

Table with 3 columns: Description, Personal property in Pennsylvania, Personal property in County, Value of real estate in Pennsylvania

situated as follows: _____

Wherefore, Petitioner(s) respectfully request(s) the probate of the last Will and Codicil(s) presented with this Petition and the grant of Letters in the appropriate form to
the undersigned:

Table with 2 columns: Signature, Typed or printed name and residence

Oath of Personal Representative

COMMONWEALTH OF PENNSYLVANIA :
: SS

COUNTY OF _____ :

The Petitioner(s) above-named swear(s) or affirm(s) that the statements in the foregoing Petition are true and correct to the best of the knowledge and belief of Petitioner(s) and that, as personal representative(s) of the Decedent, Petitioner(s) will well and truly administer the estate according to law.

Sworn to or affirmed and subscribed

before me the _____ day of

_____, _____

For the Register

Signature of Personal Representative

Signature of Personal Representative

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 having been presented before me, IT IS DECREED that Letters _____ are hereby granted to _____

_____ in the above estate and that the instrument(s) dated _____ described in the Petition be admitted to probate and filed of record as the last Will (and Codicil(s)) of Decedent.

FEES

Letters \$
Short Certificate(s) \$
Renunciation(s) \$
..... \$
..... \$
..... \$
..... \$
..... \$
..... \$
..... \$
..... \$
..... \$
TOTAL \$

Register of Wills

Attorney Signature: _____

Attorney Name: _____

Supreme Court I.D. No.: _____

Address: _____

Telephone: _____

OATH OF SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

_____ COUNTY, PENNSYLVANIA

Estate of _____, Deceased

_____, (each) a subscribing witness to 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, Zip)

(City, State, Zip)

Executed in Register's Office

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

Deputy for Register of Wills

Executed out of Register's Office

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

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.

OATH OF NON-SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

_____ COUNTY, PENNSYLVANIA

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 the decedent, and that the signature of _____ to the foregoing instrument purporting to be the Last Will and Testament/Codicil of _____ is in his/her own proper handwriting.

(Signature)

(Signature)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

Executed in Register's Office

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

Deputy for Register of Wills

OATH OF WITNESS(ES) TO WILL EXECUTED BY MARK

REGISTER OF WILLS

_____ COUNTY, PENNSYLVANIA

Estate of _____, Deceased

_____, _____ (each) a
(Print Name/s)

subscribing witness to the Will Codicil(s) presented herewith, (each) being duly qualified according to law, depose(s) and say(s) that: Testator / Testatrix was unable to sign his / her name thereto; Testator's / Testatrix' name was subscribed thereto in Testator's / Testatrix' presence; Testator / Testatrix made his / her mark thereon; Testator / Testatrix and deponent(s) were present when Testator's / Testatrix' name was subscribed and when Testator / Testatrix made his / her mark; and Testator / Testatrix was present when the undersigned signed the Will Codicil as witness(es).

(Signature)

(Signature)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

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

Deputy for Register of Wills

RENUNCIATION

REGISTER OF WILLS

_____ COUNTY, PENNSYLVANIA

Estate of _____, Deceased

I, _____, in my capacity/relationship as
(Print Name)

_____ of the above Decedent, hereby renounce the right to
administer the Estate of the Decedent and respectfully request that Letters be issued to

_____.

(Date)

(Signature)

(Street Address)

(City, State, Zip)

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 5.6**

**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, COUNTY OF _____, 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 the day of _____, _____, a resident of _____ County, PA.

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 Office of the Register of Wills of _____ County.

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 _____ County.

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 _____

Signature of Person Filing this Form

Name of Person Filing this Form

Capacity: Personal Representative
 Counsel for Personal Representative

Address

Telephone

CERTIFICATION OF NOTICE UNDER Pa. O.C. Rule 5.6(a)

REGISTER OF WILLS

_____ 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 5.6(a) 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 5.6(a) except:

Date _____

Signature of Person Filing this Form

Capacity: Personal Representative Counsel

Name of Person Filing this Form

Address

Telephone

INVENTORY

REGISTER OF WILLS OF _____ COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF _____ } SS

File Number _____

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 situate 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 the 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.

} _____
} _____

Attorney -- (Name) _____ (Supreme Court I.D. No.) _____
(Address) _____
(Telephone) _____

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

FIGURES MUST BE TOTALED

		TOTAL:

(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))

THE COURTS

Form RW-10

Pa. O.C. Rule 6.12 STATUS REPORT

REGISTER OF WILLS OF _____ COUNTY, PENNSYLVANIA

Name of Decedent: _____

Date of Death: _____ File Number: _____

Pursuant to Pa. O.C. Rule 6.12, 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 and may be attached to this report.

Date _____

Signature of Person Filing this Form

Capacity: Personal Representative Counsel

Name of Person Filing this Form

Address

Telephone

