PETITION FOR PROBATE AND GRANT OF LETTERS

REGISTER OF WILLS OF ______ COUNTY, PENNSYLVANIA

Estate of			File Number	
also known as				
	, D	eceased	Social Security Number	:
Petitioner(s), who is/are 18 years of age or (COMPLETE 'A' or 'B' BELOW:)	older, apply(ies) for:			
☐ A. Probate and Grant of Letters Te				
last Will of the Decedent dated	and codici	il(s) dated		
(S	tate relevant circumstances,	e.g., renunciatio	on, death of executor, etc.)	
Except as follows, Decedent did not marry, for probate, was not the victim of a killing a			-	
☐ B. Grant of Letters of Administration	1			
Petitioner(s) after a proper search has / have Administration, c.t.a. or d.b.n.c.t.a., enter d.	e ascertained that Deceder	nt left no Will a		,
Name]	Relationship		Residence
(COMPLETE IN ALL CASES:) Attach ad Decedent was domiciled at death in	-	-	sylvania with his / her last pr	incipal residence at
(List street address, town/city, township, county,	state, zip code)			
Decedent, then years of age	e, died on	at		
Decedent at death owned property with of (If domiciled in PA) (If not domiciled in PA) (If not domiciled in PA))	es as follows: All personal property Personal property in Pennsylvania Personal property in County		\$
Value of real estate in F		r crsonar prop	erry in county	\$
situated as follows:				
Wherefore, Petitioner(s) respectfully request(s) the undersigned:	ne probate of the last Will an	d Codicil(s) pres	sented with this Petition and the	grant of Letters in the appropriate form to
Signature		Typed or printed name and residence		

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Oath of Personal Representative

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

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