

# INSTRUCTIONS FOR PROBATE

[www.lackawannacounty.org](http://www.lackawannacounty.org)

1. A TYPED PETITION IS REQUIRED.
2. A TYPED ESTATE INFORMATION SHEET IS REQUIRED.
3. THE ORIGINAL WILL MUST BE PRESENTED.
4. IF THE WILL IS NOT SELF-PROVING, THE SUBSCRIBING WITNESS MUST APPEAR IN PERSON OR THE SUBSCRIBING WITNESS FORM MUST BE NOTORIZED. IF THE SUBSCRIBING WITNESSES ARE DECEASED OR THEIR RESIDENCE IS OUTSIDE OF THE COMMONWEALTH, A NOTARIZED AFFIDAVIT OR UNAVAILABLE WITNESS AFFIDAVIT MUST BE PROVIDED BY THE PETITIONER.
5. AN ORIGINAL DEATH CERTIFICATE IS REQUIRED.
6. FEE SCHEDULE IS ATTACHED. ALL FEES MUST BE PAID AT TIME OF FILING.
7. SHORT CERTIFICATES ARE ONLY ISSUED TO THE PETITIONER OR THE ATTORNEY REPRESENTING THE ESTATE.
8. ALL PROBATES WITH GRANT OF LETTERS MUST BE ADVERTISED (P.E.F. CODE, TITLE 20, SECTION 3162) NEAR THE PLACE WHERE THE DECEDENT RESIDED OR IN THE CASE OF NON-RESIDENT DECEDENT, AT OR NEAR THE PLACE WHERE THE LETTERS WERE GRANTED, AND IN THE LEGAL PERIODICAL, IF ANY, DESIGNATED BY RULE OF COURT FOR THE PUBLICATION OF LEGAL NOTICES, ONCE A WEEK FOR THREE SUCCESSIVE WEEKS, TOGETHER WITH HIS NAME AND ADDRESS.
9. INHERTANCE TAX FORMS ARE AVAILABLE ONLINE AT [WWW.REVENUE.STATE.PA.US](http://WWW.REVENUE.STATE.PA.US)

10. AFTER PROBATE IS INITIATED (WILL FILED), THE FOLLOWING DOCUMENTS MUST BE FILED:

- A. CERTIFICATE OF NOTICE 10.5– no later than THREE MONTHS AFTER PROBATE.
- B. LEGAL ADVERTISING PA PROBATE, ESTATES AND FIDUCIARIES CODE, TITLE 20, SECTION 3162.
- C. INVENTORY – NINE (9) MONTHS FROM DATE OF DEATH.
- D. STATUS REPORT 10.6- no later than TWO (2) YEARS FROM PROBATE.
- E. INHERITANCE TAX RETURN-within NINE (9) MONTHS FROM DATE OF DEATH.
- F. INHERITANCE PAYMENT ***DISCOUNT PERIOD: THREE (3) MONTHS FROM DATE OF DEATH.***
- G. INHERITANCE PAYMENT ***DUE IN FULL NINE (9) MONTHS FROM DATE OF DEATH.***

***ANY LEGAL QUESTIONS MUST BE DIRECTED TO AN ATTORNEY OF YOUR CHOICE. IF YOU NEED TO HIRE AN ATTORNEY YOU CAN CONTACT***

***Lackawanna Bar Association  
Lawyer Referral Service  
220 Penn Avenue  
Scranton, PA 18503  
570-969-9161***

**THIS OFFICE IS NOT PERMITTED TO GIVE LEGAL ADVICE!**

**LACKAWANNA COUNTY REGISTER OF WILLS**  
**TIMELINE FOR COMPLETION OF ESTATE ADMINISTRATION**

**Within Three (3) Months of Date of Death:**

- Pre-pay Inheritance Tax to receive 5% discount.  
(Go to the Department of Revenue web page for more information)
- Payment should be made by check payable to Register of Wills, Agent
- Check must contain Estate file number and decedent's name
- Hand deliver or mail payment to:

LCGC at The Globe  
123 Wyoming Avenue  
Suite 521  
Scranton, PA 18503

**Note:** Payment must be hand delivered or postmarked within the three-month period to qualify for the discount.

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**Within Three (3) Months of Date of Grant of Letters:**

- File one (1) copy of Certification of Notice under Rule 10.5
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**Within Nine (9) Months of Date of Death:**

- File two (2) copies of Inheritance Tax Return with the Register of Wills office.
- File one (1) copy of Inventory with Register of Wills
- Pay Inheritance Tax due to avoid accruing penalties and interest

**Note:** Inheritance Tax Return and payment must be hand delivered to the office or postmarked with nine months of the date of death.

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**Within Two (2) Years of Date of Death:**

- File one (1) copy of Status Report under Rule 10.6 with the Register of Wills
- If the Estate has not been completed within two (2) years of the date of death, another Status report must be filed annually until administration is completed.

**PENNSYLVANIA PROBATE, ESTATES AND FIDUCIARIES CODE,  
TITLE 20, SECTION 3162**

THE PERSONAL REPRESENTATIVE, IMMEDIATELY AFTER THE GRANT OF LETTERS, SHALL CAUSE NOTICE THEREOF TO BE GIVEN IN ONE NEWSPAPER OF GENERAL CIRCULATION PUBLISHED AT OR NEAR THE PLACE WHERE THE DECEDENT RESIDED OR, IN THE CASE OF A NON-RESIDENT DECEDENT, AT OR NEAR THE PLACE WHERE THE LETTERS WERE GRANTED, AND IN THE LEGAL PERIODICAL, IF ANY, DESIGNATED BY RULE OF COURT FOR THE PUBLICATION OF LEGAL NOTICES, ONCE A WEEK FOR THREE SUCCESSIVE WEEKS, TOGETHER WITH HIS NAME AND ADDRESS; AND IN EVERY SUCH NOTICE, HE SHALL REQUEST ALL PERSONS HAVING CLAIMS AGAINST THE ESTATE OF THE DECEDENT TO MAKE KNOWN THE SAME TO HIM OR HIS ATTORNEY, AND ALL PERSONS INDEBTED TO THE DECEDENT TO MAKE PAYMENT TO HIM WITHOUT DELAY.

# PETITION FOR GRANT OF LETTERS

## REGISTER OF WILLS OF

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: \_\_\_\_\_  
a/k/a: \_\_\_\_\_  
a/k/a: \_\_\_\_\_  
a/k/a: \_\_\_\_\_

File No: \_\_\_\_\_  
(Assigned by Register)

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

# Oath of Personal Representative

Official Use Only

COMMONWEALTH OF PENNSYLVANIA }  
 } SS:  
COUNTY OF \_\_\_\_\_ }

Petitioner(s) Printed Name	Petitioner(s) Printed Address

The Petitioner(s) above-named swear(s) or affirm(s) 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, the Petitioner(s) will well and truly administer the estate according to law.

Sworn to or affirmed and subscribed before \_\_\_\_\_ Date \_\_\_\_\_  
me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_  
By: \_\_\_\_\_ Date \_\_\_\_\_  
*For the Register* \_\_\_\_\_ Date \_\_\_\_\_

**BOND Required:** YES NO  
**FEES:**

Letters . . . . . \$ \_\_\_\_\_  
( ) Short Certificate(s). . . . . \_\_\_\_\_  
( ) Renunciation(s). . . . . \_\_\_\_\_  
( ) Codicil(s). . . . . \_\_\_\_\_  
( ) Affidavit(s). . . . . \_\_\_\_\_  
Bond. . . . . \_\_\_\_\_  
Commission. . . . . \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Automation Fee. . . . . \_\_\_\_\_  
JCS Fee. . . . . \_\_\_\_\_  
**TOTAL.** . . . . . \$ \_\_\_\_\_

*To the Register of Wills:*

**Please enter my appearance by my signature below:**

Attorney Signature: \_\_\_\_\_

**Printed Name:** \_\_\_\_\_  
**Supreme Court**  
**ID Number:** \_\_\_\_\_

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## DECREE OF THE REGISTER

**Estate of** \_\_\_\_\_ **File No:** \_\_\_\_\_  
**a/k/a:** \_\_\_\_\_

**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 (if applicable) 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.

Register of Wills

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**ESTATE INFORMATION SHEET**

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

Decedent's Social Security Number	Date of Death	Date of Birth	
Last Name	Suffix	First Name	MI

**2 TYPE FILING:** Fill in oval to indicate the nature of the return to be filed with the department.

☐ Probate Return ☐ Joint Assets Only ☐ Non-probate Assets Only ☐ Litigation Purposes (no other assets)

**3 LETTERS GRANTED:** Fill in oval to indicate the nature of the proceedings at the Register of Wills Office.  
(Attach additional sheets if explanation is necessary.)

☐ Testamentary ☐ Administration ☐ No Letters ☐ Other (Please Explain.)

**4 ATTORNEY/CORRESPONDENT INFORMATION:** Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name	Suffix	First Name	MI
Supreme Court I.D. #	Telephone Number	Attorney/ Correspondent's e-mail address:	
First Line of Address			
Second Line of Address			
City or Post Office	State	ZIP Code	

**5 PERSONAL REPRESENTATIVE INFORMATION:** Enter all information for the personal representative(s) of the estate authorized by the Register of Wills.

**Executor/Administrator**

Last Name	Suffix	First Name	MI
First Line of Address			
Second Line of Address			
City or Post Office	State	ZIP Code	
Telephone Number			

**OFFICIAL USE ONLY**

**TRANSACTION COUNT**

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Complete general estate information questions and indicate additional personal representatives on reverse side.

**PLEASE USE ORIGINAL FORM ONLY**

**Side 1**



REV-346 EX (11-15)

Decedent's Social Security Number

Decedent's Name: \_\_\_\_\_

**Co-Executor/Administrator**

Last Name

Suffix

First Name

MI

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

Telephone Number

**Co-Executor/Administrator**

Last Name

Suffix

First Name

MI

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

Telephone Number

**General Instructions:**

This form should be filed with the Register of Wills of the county of which the decedent was a resident at death.

Please be aware the correspondent identified will receive all correspondence from the department. It is the responsibility of the personal representative to notify the department if the correspondent contact information changes.

The department is authorized by law, 42 U.S.C. §405 (c)(2)(C)(i), to require disclosure of Social Security numbers in connection with administering state tax laws. The department uses the Social Security number to identify the decedent and personal representatives of the estate. The commonwealth may also use the information in exchange-of-tax-information agreements with federal and local taxing authorities. State law prohibits commonwealth personnel from disclosing confidential tax information except for official purposes.

Side 2



# RENUNCIATION

## REGISTER OF WILLS

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 of 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.)

# OATH OF SUBSCRIBING WITNESS(ES)

## REGISTER OF WILLS

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, 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

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

**REGISTER OF WILLS  
LACKAWANNA COUNTY, PENNSYLVANIA**

**UNAVAILABLE WITNESS AFFIDAVIT**

I, \_\_\_\_\_ (EXECUTOR) being duly sworn according to law,  
depose and say that I, \_\_\_\_\_ (EXECUTOR) in the Estate of  
deceased, declare that \_\_\_\_\_ appears as a subscribing witness  
to the Last Will and Testament of \_\_\_\_\_ deceased, is not  
readily available to prove the signature of the Testa\_\_\_\_\_ by reason of (his/her)  
\_\_\_\_\_ (reason).

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 201\_\_

\_\_\_\_\_  
(For the Register)

BEFORE THE REGISTER OF WILLS OF  
LACKAWANNA COUNTY, PENNSYLVANIA

IN RE: Estate of \_\_\_\_\_, deceased

Estate No: 35-20 \_\_\_\_\_ - \_\_\_\_\_

AFFIDAVIT  
BY Pro Se Petitioner

I/We \_\_\_\_\_

The undersigned duly appointed personal representative(s) for the above-captioned estate confirm that I/WE intend to administer this Estate Pro Se (without paid legal counsel) and take full responsibility for following all Pennsylvania Estate laws, Pennsylvania Rules of Court, and Pennsylvania Inheritance Tax regulations. I/We acknowledge receipt of an estate check list and agree that I/We shall perform all required duties and shall file all required documents on time without further notice. I/We acknowledge that we have received the following documents this date:

Rule 10.5 Court  
Certificate of Notice

Rule 10.6 Status Form

Date: \_\_\_\_\_ (SEAL)

\_\_\_\_\_ (SEAL)

Executed in Register of Wills Office

Sworn to or affirmed and subscribed

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

(For the Register)

**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,

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 \_\_\_\_\_

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 Person

\_\_\_\_\_  
Name of Representative and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Signature of Officer/Representative

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

## REGISTER OF WILLS

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

# Pa. O.C. Rule 10.6 STATUS REPORT

## REGISTER OF WILLS OF

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