

Department of Court Records
Wills/Orphans' Court Division
INSTRUCTIONS FOR PROBATE APPLICATIONS

1. ONE TYPED APPLICATION IS REQUIRED.
2. THE ORIGINAL WILL AND ONE (1) COPY MUST BE PRESENTED.
3. IF THE WILL IS NOT SELF-PROVING, THE SUBSCRIBING WITNESSES MUST APPEAR IN PERSON OR NOTARIZED AFFIDAVITS MUST BE PROVIDED FROM THE SUBSCRIBING WITNESSES. ATTACHED TO A COPY OF THE WILL. IF THE SUBSCRIBING WITNESSES ARE DECEASED OR THEIR RESIDENCE IS OUTSIDE OF THE COMMONWEALTH, A NOTARIZED AFFIDAVIT OF NON-AVAILABILITY IS NEEDED.
4. NON-SUBSCRIBING WITNESSES MUST APPEAR IN PERSON.
5. THE ORIGINAL DEATH CERTIFICATE IS REQUIRED.
6. FEE'S MUST BE PAID BY ATTORNEY CHECK, ESTATE CHECK OR CASH;
(SEE FEE SCHEDULE)
7. SHORT CERTIFICATES ARE \$3.00 PER CERTIFICATE.
8. ALL PROBATES WITH GRANT OF LETTERS MUST BE ADVERTISED (P.E.F., CODE, TITLE 20, SECTION 3162)
9. INHERITANCE TAX FORM(S) ARE AVAILABLE
10. AFTER PROBATE IS COMPLETE (WILL FILED), THE FOLLOWING ITEMS MUST BE FILED:
 - CERTIFICATION OF NOTICE - THREE (3) MONTHS AFTER PROBATE
 - INVENTORY - NINE (9) MONTHS FROM DATE OF DEATH
 - STATUS REPORTS - WITHIN TWO (2) YEARS OF THE PROBATE
 - INHERITANCE TAX RETURN - WITHIN NINE (9) MONTHS OF DATE OF DEATH;
DISCOUNTED DURING FIRST THREE (3) MONTHS AFTER DATE OF DEATH

ANY LEGAL QUESTIONS SHOULD BE DIRECTED TO AN ATTORNEY OF YOUR CHOICE.

CAMERON COUNTY REGISTER OF WILLS
FEE SCHEDULE
EFFECTIVE JANUARY 1, 2017

PETITION FOR GRANT OF LETTERS TESTAMENTARY & ADMINISTRATION:

Not exceeding \$1,000.....	60.50
Over \$1,000 but not exceeding \$5,000.....	65.50
Over \$5,000 but not exceeding \$10,000.....	75.50
Over \$10,000 but not exceeding \$20,000.....	85.50
Over \$20,000 but not exceeding \$30,000.....	95.50
Over \$30,000 but not exceeding \$40,000.....	105.50
Over \$40,000 but not exceeding \$50,000.....	115.50
Over \$50,000 but not exceeding \$75,000.....	125.50
Over \$75,000 but not exceeding \$100,000.....	135.50
Each additional \$100,000 or fraction thereof.....	45.00

- **\$35.50 JCP FEE INCLUDED IN ABOVE AMOUNTS**
- **PLEASE ADD \$5.00 TO EACH ESTATE OPENED FOR REGISTER OF WILLS AUTOMATION FUND**

ACCOUNTS:

FILING, RECORDING ACCOUNTS OF EXECUTORS, ADMINISTRATORS AND GUARDIANS, INCLUDING TRANSMISSION OF SAME TO ORPHANS' COURT AND CONFIRMATION:

FIRST AND FINAL OR PARTIAL ACCOUNTING:

FIRST PAGE.....	40.00
EACH ADDITIONAL PAGE.....	3.00
ADVERTISING COSTS.....	100.00

MISCELLANEOUS FILING AND RECORDING FEES:

SMALL ESTATE AFFIDAVIT.....	25.00
EACH ADDITIONAL ISSUED.....	5.00
SHORT CERTIFICATE.....	3.00
INHERITANCE TAX RETURN.....	NO FEE
INVENTORY.....	12.00

SUPPLEMENTAL INHERITANCE TAX PAPERS.....	12.00
FILING AFFIDAVIT IN LIEU OF INVENTORY.....	5.00
RENUNCIATION.....	5.00
CODICIL, FIRST PAGE.....	15.00
EACH ADDITIONAL PAGE.....	3.00
PROBATE OF WILL ONLY.....	10.00
BOND, WHERE REQUIRED.....	10.00
ISSUE EXEMPLIFIED RECORD OF ESTATE.....	25.00
FILING OF EXEMPLIFIED RECORD OF ESTATE.....	25.00
CERTIFICATION OF PAYMENT OF INHERITANCE TAX.....	25.00
AFFIDAVIT OF DEATH.....	20.00

**FEEES FOR SIMILAR SERVICES NOT HEREIN SPECIFICALLY SCHEDULED
SHALL BE CHARGED ON THE SAME BASIS AS THOSE SCHEDULED.**

PETITION FOR GRANT OF LETTERS

REGISTER OF WILLS OF _____ COUNTY, PENNSYLVANIA

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

Decedent's Information

Name: _____ File No: _____
 a/k/a: _____ (Assigned by Register)
 a/k/a: _____
 a/k/a: _____ Social Security No: _____
 Date of Death: _____ Age at death: _____

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

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

Estimate of value of decedent's property at death:
 If domiciled in Pennsylvania..... All personal property \$ _____
 If not domiciled in Pennsylvania..... Personal property in Pennsylvania \$ _____
 If not domiciled in Pennsylvania..... Personal property in County \$ _____
 Value of real estate in Pennsylvania..... \$ _____
 TOTAL ESTIMATED VALUE... \$ _____

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

A. Petition for Probate and Grant of Letters Testamentary
 Petitioner(s) aver(s) he/she/they is/are the Executor(s) named in the last Will of the Decedent, dated _____ and Codicil(s) thereto dated _____

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

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

NO EXCEPTIONS EXCEPTIONS _____

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

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

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

NO EXCEPTIONS EXCEPTIONS _____

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

Name	Relationship	Address

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 me this _____ day of _____, _____ Date _____
 By: _____ Date _____
 _____ Date _____
For the Register

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

Register of Wills

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)
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LETTERS GRANTED: Enter check (✓) mark to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

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

Name (Last) (First) (Middle)			Supreme Court I.D. 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
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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 SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

_____ COUNTY, PENNSYLVANIA

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 _____, _____.

Executed out of Register's Office

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

Deputy for Register of Wills

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's Commission.)

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

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 _____, _____.

Deputy for Register of Wills

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 _____, _____.

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.
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FIGURES MUST BE TOTALED

TOTAL:	0.00

(Attach additional sheets as needed)

NOTE: The Memorandum of real estate outside the Commonwealth of Pennsylvania may, at the election of the personal representative include the value of each item, but such figures should not be extended into the total of the Inventory. (See 20 Pa. C.S. § 3301(b))

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