

Name, Address, Phone Number, and Email of Petitioner(s) or Attorney:

IN THE MATTER OF:

} IN THE COURT OF COMMON PLEAS
} CHESTER COUNTY, PENNSYLVANIA
}
} ORPHANS' COURT DIVISION
}
} NO:

**PETITION FOR SETTLEMENT OF SMALL ESTATE
IN ACCORDANCE WITH 20 PA.C.S. §3102**
(Gross Estate of \$25,000 or less for decedents dying before August 31, 2013)
(Gross Estate of \$50,000 or less for decedents dying on or after August 31, 2013)

The Petition of _____, respectfully states that:

1. _____, Deceased,
died on _____, _____, at _____.
(location)

A Copy of the Death Certificate is attached as Exhibit _____.

2. Decedent's last residence was _____, Chester County, Pennsylvania.
(City, Borough, Township)

3. Check as applicable:

Decedent died intestate (without a Last Will and Testament)

Decedent died testate with a Last Will and Testament dated _____,
and, if applicable, Codicil(s) dated _____.

The original Will (and Codicil(s) if applicable) is/are attached hereto and marked Exhibit(s) _____.

4. The following has been granted by the Register of Wills:

Letters Testamentary Letters of Administration Neither

5. Has a Bond been given?

Yes; Amount of Bond \$ _____ No

6. Names, relationship and interest of person(s) under the Will or under intestate laws:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>INTEREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have any of the above parties received or retained any property of the decedent by payment of wages or similar items under 20 Pa. C.S. §3102 or otherwise? Yes No; If yes, list below:

<u>NAME</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ _____

8. Are any of the persons listed in #6 above minors, incapacitated or deceased? If so, list the name of the minor, incapacitated, or deceased person and the corresponding fiduciary. (e.g. Guardian, Executor, Administrator)

NAME OF MINOR, INCAPACITATED OR DECEASED

CORRESPONDING FIDUCIARY

9. Is anyone claiming the family exemption? Yes No; If yes, list the name(s) of the claimants below. Claim(s) is/are attached and marked as Exhibit _____.

CLAIMANT(S) OF FAMILY EXEMPTION

10. The inventory of the real and/or personal property of the decedent with associated values is as follows: (Attach additional pages if necessary.)

DESCRIPTION OF PROPERTY

VALUE

TOTAL \$ _____

11. Claims against the estate, in order of preference, are as follows:

CLAIMANT

AMOUNT OF CLAIM

TOTAL \$ _____

12. The following disbursements have been made by the petitioner(s) or others prior to filing this petition:

<u>DATE OF PAYMENT</u>	<u>PAYEE</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	\$ _____

13. A copy of Pennsylvania Inheritance Tax Return with Register of Wills file stamp is attached and marked as Exhibit _____.

14. Twenty (20) days written notice of intention to present the petition has been given to the beneficiaries and creditors in accordance with Rule 10.5B of the Orphans' Court of Chester County. Proof(s) of service of notice is/are hereto attached and marked as Exhibit(s) _____.

Wherefore, your petitioner(s) respectfully request(s) that this Court award the decedent's estate as follows:

Date: _____

Signature of Petitioner

Signature of Petitioner

VERIFICATION

I/We, _____, Petitioner(s)
in the above-captioned matter, hereby verify that the statements made in the foregoing Petition are true and correct to the best of my/our knowledge, information and belief. I/We understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Date: _____

Signature of Petitioner

Signature of Petitioner

Name, Address, Phone Number, and Email of Petitioner(s) or Attorney:

IN THE MATTER OF:

} IN THE COURT OF COMMON PLEAS
} CHESTER COUNTY, PENNSYLVANIA
}
} ORPHANS' COURT DIVISION
}
} NO:

DECREE

AND NOW, this _____ day of _____, _____, upon consideration of the annexed petition, the following property of the Estate of _____, Deceased, namely:

SOURCE

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ _____

is hereby DECREED to be distributed and is hereby awarded as follows:

1. Estate debts to be paid:

PAYEE

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ _____

All debts owed by the decedent or Estate shall be paid from the assets of the Estate before any distribution to beneficiaries.

2. Distribution to beneficiaries as follows:

BENEFICIARY

AMOUNT

TOTAL \$ _____

Petitioner(s)

is/are hereby authorized to receive, collect and distribute the property as herein above set forth. This DECREE shall constitute sufficient authority to all transfer agents, registrars and others dealing with the property of the Estate to recognize the person(s) names herein to receive the property to be distributed without administration.

Distributions are subject to payment of any Inheritance Tax due.

BY THE COURT:
