

# 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 \_\_\_\_\_

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

**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

# 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