| CHESTER COUNTY ORPHANS' COURT CHECKLIST - DECEDENT ESTATE | | |
|---|------------------------|--|
| Decedent's Name: | | |
| | | |
| Case Number: | Audit Date: | |
| Check here ONLY if another account is ANNEXED as per 20 Pa. C.S.A §7799.1 | | |
| Attorney: | Attorney Address: | |
| | | |
| | | |
| Attorney ID Number: | Attorney Phone Number: | |

DOCUMENTS MUST BE ASSEMBLED ACCORDING TO THE ORDER ON THIS CHECKLIST

| Preparer (√if provided) | Documents | O/C Clerk | Auditor |
|-------------------------|--|-----------|---------|
| | Account - Face Sheet must include the following: | | |
| | Account (Specify First, Interim, First and Final, etc.) | | |
| | Value of Gross Estate (Total of Principal and Income Receipts) | | |
| | Account - Summary Sheet with Proper Pagination | | |
| | Account - Composition of Net Balance of Principal | | |
| | Account - Composition of Net Balance of Income | | |
| | Account - Signed by ALL Fiduciaries | | |
| | Account - Verified by At Least One Fiduciary | | |
| | Attorney's Entry of Appearance | | |
| | Petition for Adjudication and Statement of Proposed Distribution | | |
| | Signed by ALL Fiduciaries | | |
| | Verified by At Least One Fiduciary | | |
| | Copy(ies) of Inheritance Tax Receipt(s) or PA Revenue Notice(s) of App. | raisement | |
| | Charitable Gift Clearance Certificate (if applicable) | | |
| | If not submitted at this time, enter date Notice sent to Attorney General | | |
| | Copy of Will and Codicil(s) Certified by Attorney to be True and Correct | | |
| | Copy of Proofs of Publication in Chester County Law Reporter and Newspaper | | |
| | Copy of Notice of Audit and Proof of Service of Sending Notice of Audit | | |
| | If not submitted at this time, enter date to be filed | _ | |

All accounts must conform to Local Rules of the Orphans' Court Division of the Court of Common Pleas of Chester County. Forms and further information are provided at www.chesco.org/wills