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

REGISTER OF WILLS

	Name of Decedent:		
			File Number:
	Date Letters Granted:		
	To the Register:		
	I certify that Notice of Estate	Administration r	equired by Pa. O.C. Rule 10.5 of the Orphans' Court
	Rules was served on or maile	d to the following	g beneficiaries of the above-captioned estate on
		_,:	
	XI		
	Name:	Addr	<u>ess</u> :
	A		
	·		
			P
	(If more space is needed, atta	ch separate shee	t.)
	Notice has now been given to	all persons entit	led thereto under Pa. O.C. Rule 10.5 except:
D 4			a :
Date	ate Fiduciary (if applicable)		Capacity: Personal Representative Counsel
Name of	Corporate Fiduciary		Name of Person
Name of	Representative and Title		Address
Address			
			Telephone
Telepho	ne		Email
Email			
Signatu	re 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: ES	STATE OF			, Deceased	:		
			File Nu	ımber		-3			
	TO:			_		(B	eneficiary) _(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 Deceden	t died:	t	testate (with a	Will) or	intestate (without a	Will).		
	You may hav	e a beneficial inte	rest in the estate a	as follows:					
	(If additional	space is needed, u	se separate sheet))					
	The name(s),	address(es) and to	elephone number(s) of all perso	nal represent	atives 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 Wills of The Register's address is								
	and telephone	number is				f Wills and paying the cha			
		WILL OF LEUGION II	,	Capacity	_	nal Representative			
Corporate !	Fiduciary (if appli		-	Capacity	r: Perso	nai Representative	Counser		
Name of C	Corporate Fiduciary	7		-	Name of Person		9		
Name of R	epresentative and	Title			Address				
Address									
Telephone				9	Telephone Email				
Email					Signature of Per	son			
Signature o	of Officer/Represe	ntative		e	-				

Form RW-07 eff. 09.01.16

Pa. O.C. Rule 10.6 STATUS REPORT

REGISTER OF WILLS OF

Name	Name of Decedent:								
Date	of D	eath:	File Number:						
	rsuant to Pa. O.C. Rule 10.6, I report the following with respect to completion of the administrate above-captioned estate:								
1.	St	ate whether administra	tion of the estate is complete:						
2.	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.	esentative file a final account with the Court? Yes							
	b. The separate Orphans' Court No. (if any) for the personal representative								
	c.	Did the personal repr	esentative state an account ies in interest?						
	d.		leases, joinders and approvals of formal or informal accounts may be f the Orphans' Court or may be attached to this report.						
Date _			Capacity: Personal Representative Counsel						
Corporate Fiduciar	y (if a	pplicable)							
Name of Corporate Fiduciary			Name of Person						
Name of Represent	tative	and Title	Address						
Address									
-			Telephone						
Telephone			Email						
Signature of Office	r/Rep	resentative	Signature of Person						