

The wrongful death action proceeds shall be paid as follows:

To: Spouse, _____ \$

To: Child, _____ \$

Etc.

The survival action proceeds in the amount of \$ _____ shall be paid to _____, [title of personal representative] of the estate of _____, deceased. The _____ [title of personal representative] shall comply with 20 Pa.C.S. § 3323(b)(3).

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY,
PENNSYLVANIA
ORPHANS ' COURT DIVISION**

IN RE: ESTATE OF _____, No.
 Deceased

OR

**IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY,
PENNSYLVANIA
CIVIL DIVISION**

_____ No.

v.

**PETITION TO SETTLE WRONGFUL DEATH
AND SURVIVAL ACTIONS**

The petition of _____, _____ [title of personal representative],
of the Estate of _____, deceased respectfully represents:

1. Petitioner is _____, who was appointed _____ [title of
personal representative] of the Estate of _____, deceased on
_____, 20__, by the Register of Wills of _____ County. A copy of the Decree
of the Register is attached hereto as Exhibit "A".

2. The decedent died on _____, 20__, as a result of _____ [describe
incident, including in particular whether the decedent died instantaneously and whether
the decedent experienced any conscious pain and suffering). A copy of [pertinent medical
records, police report, etc.] is attached hereto as Exhibit "B".

3. The decedent (did/did not) have a will. A true and correct copy of the decedent's last will and testament is attached hereto as Exhibit "C".

4. The following settlement has been proposed: _____

5. Counsel is of the professional opinion that the proposed settlement is reasonable for the following reasons: _____

6. Petitioner is of the opinion that the proposed settlement is reasonable.

7. Counsel has incurred the following expenses for which reimbursement is sought: _____

8. Counsel requests counsel fees in the amount of \$_____, which represents _____ percent of the gross proceeds of settlement. A true and correct copy of counsel's fee agreement is attached hereto as Exhibit "D".

9. Petitioner requests allocation of the net proceeds of the settlement, after deduction of costs and attorney's fees as follows:

- a. Wrongful Death Action \$_____ or %_____
- b. Survival Action \$_____ or %_____

10. The reasons for the requested allocation are as follows: _____

11. A true and correct copy of correspondence from the Pennsylvania Department of Revenue agreeing with the proposed allocation is attached hereto as Exhibit "E".

12. Pursuant to 42 Pa.C.S. § 8301, the beneficiaries of the wrongful death action and their respective interests are as follows (indicate if any beneficiary is a minor, including birth date):

<u>Name</u>	<u>Relationship to decedent</u>	<u>Amount</u>
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13. The pecuniary loss suffered by the wrongful death beneficiaries is as follows: _____

14. A true and correct copy of correspondence from the Pennsylvania Department of Human Services indicating that it has no lien against the decedent or any of the wrongful death beneficiaries is attached hereto as Exhibit "F".

15. There are no other liens or claims against the proceeds of these actions or against the decedent's estate. (If liens or claims are known, state them.)

WHEREFORE, Petitioner requests that he/she be permitted to enter into the settlement recited above and that the Court approve the proposed allocation and distribution of the settlement proceeds.

Respectfully submitted,

Name of attorney
Attorney for Petitioner
Attorney I.D. #
Address and Telephone Number

VERIFICATION

I, _____, verify that I am the Petitioner in this action. I hereby verify that the statements made in the foregoing Petition are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

Petitioner