

COURT OF COMMON PLEAS OF  
BUCKS COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

ESTATE OF \_\_\_\_\_, DECEASED  
No. \_\_\_\_\_

**PETITION FOR ADJUDICATION /  
STATEMENT OF PROPOSED DISTRIBUTION  
PURSUANT TO Pa. O.C. Rule 6.9**

**DECEDENT'S ESTATE**

*This form may be used in all cases involving the Audit of the Account of a Decedent's Estate. If space is insufficient, riders may be attached. Attach the spouse's election, if any; the papers required under items 8-19 inclusive; and any instrument pertinent to the adjudication.*

**INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.**

Name of Counsel: \_\_\_\_\_

Supreme Court I.D. No.: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

1. Name(s) and address(es) of Petitioner(s):

<i>Name</i>	<i>Address</i>

Identify any executors or administrators who have not joined in the Petition for Adjudication and Statement of Proposed Distribution and Account and state reason: \_\_\_\_\_

\_\_\_\_\_

Is this the first accounting by this fiduciary?  Yes  No

If not, identify prior accountings, the accounting periods covered, and the date of adjudication of the prior accounting. \_\_\_\_\_

\_\_\_\_\_

2. Decedent died on \_\_\_\_\_.

Letters Testamentary *or*  Letters of Administration were granted to Petitioner(s) on \_\_\_\_\_

Date of Will (*if applicable*): \_\_\_\_\_

Date(s) of Codicil(s) (*if applicable*): \_\_\_\_\_

Date of probate (*if different from date Letters granted*): \_\_\_\_\_

Was a bond required?  Yes  No. If yes, state amount: \_\_\_\_\_

Are proofs of advertising of the grant of Letters attached?  Yes  No

Dates of advertising of the grant of Letters: \_\_\_\_\_

3. Was decedent survived by a spouse?  Yes  No

If yes, name of the surviving spouse: \_\_\_\_\_

4. Has the surviving spouse filed to take an elective share?  Yes  No

(See Section 2201 et seq. of the Probate, Estates and Fiduciaries Code)

If yes, date of election: \_\_\_\_\_

5. In the case of an intestacy, state the names of the decedent's surviving children or surviving issue of deceased children (*if none, so state*): \_\_\_\_\_

6. Did decedent marry after execution of Will or Codicil(s)?  Yes  No

Were any children born to decedent after execution of Will or Codicil?  Yes  No

If yes, give names and dates of birth:

<i>Name:</i>	<i>Date of Birth:</i>

7. If required by the Medical Assistance Estate Recovery Act, 62 P.S. § 1412, was a request for a statement of claim sent to the Department of Public Welfare?

Yes  No

8. Written notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest listed in item 9 below, all unpaid creditors and all claimants listed in item 10 below. In addition, notice of any questions requiring Adjudication as discussed in item 14 below has been or will be given to all persons affected thereby.
- A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice.
  - B. If Notice is yet to be given, a copy of the Notice, as well as a list of the names and addresses of the parties receiving such Notice, shall be submitted at the Audit together with a statement executed by a Petitioner or counsel certifying that such notice has been given.
  - C. If any person entitled to Notice is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.
  - D. If any charitable interest is involved, Notice of the Audit has been or will also be given to the Attorney General as required under Pa. O.C. Rule 5.5. In addition, the Attorney General's clearance certificate (or proof of service of Notice and a copy of such Notice) must be submitted herewith or at the Audit.

9. List all parties (charitable and non-charitable) of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the estate as beneficiaries under the Will or Codicil(s) or as intestate heirs if there is a complete or partial intestacy:

A. State each party's relationship to the decedent and the nature of each party's interest(s):

<i>Name and Address of Each Party in Interest</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons). For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party,

giving the name, address and relationship of each. \_\_\_\_\_

C. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed for this Audit (see Pa. O.C. Rule 12.4). \_\_\_\_\_

D. If distribution is to be made to the personal representative of a deceased party, state date of death, date and place of grant of Letters and type of Letters granted. \_\_\_\_\_

10. Other than the claim for the family exemption, list the names of all known claimants and the amount of their claims and state whether each claim is admitted.

<i>Name and Address of Each Claimant</i>	<i>Amount of Claim</i>	<i>Claim Admitted?</i>	<i>Will Claim Be Paid In Full?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the estate is insolvent, attach a schedule setting forth the order of preference under 20 Pa.C.S. § 3392 and the proposed payments.

11. Was family exemption claimed?  Yes  No

Was family exemption allowed?  Yes  No

Family exemption claimant's name and relationship:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

12. The amount of Pennsylvania Transfer Inheritance Tax and additional Pennsylvania Estate Tax paid, the date(s) of payment(s), and the interest(s) upon which paid, are as follows:

<i>Date</i>	<i>Payment</i>	<i>Interest</i>

13. On the date of death, was the decedent a fiduciary (personal representative, trustee, guardian, agent under power of attorney) or surety on the bond of a fiduciary?

Yes  No

If yes, provide the name of the estate, indicate whether an account has been filed and confirmed absolutely and all awards performed, or, in the alternative, how the decedent's estate will be discharged for the decedent's fiduciary administration of the estate: \_\_\_\_\_

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14. A. Describe in detail any questions requiring adjudication and state the position of the Petitioner(s) as to each question: \_\_\_\_\_

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B. Has notice of the question requiring adjudication been given to the parties identified in Paragraph 9 above?  Yes  No

15. If Petitioner(s) has/have knowledge that a share has been assigned, renounced, disclaimed or attached, provide a copy of the assignment, renunciation, disclaimer or attachment, together with any relevant supporting documentation.

16. Had the decedent been adjudicated an incapacitated person?  Yes  No

If yes, attach a copy of the Order if available; otherwise state the Court, term, number, date, and name of Hearing Judge. \_\_\_\_\_

17. A. List or attach a separate list of additional receipts and disbursements since the closing date of the Account. \_\_\_\_\_

B. Has notice of the additional receipts and disbursements been given to the parties identified in Paragraph 9 above?  Yes  No

18. If a reserve is requested, state amount and purpose.

*Amount:* \_\_\_\_\_

*Purpose:* \_\_\_\_\_

If a reserve is requested for counsel fees, has notice of the amount of fees to be paid from the reserve been given to the parties in interest?  Yes  No

If so, attach a copy of the notice.

19. Is the Court being asked to direct the filing of a Schedule of Distribution?  Yes  No

As to real estate only?  Yes  No

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>

Submitted By:

*(All petitioners must sign.*

*Add additional lines if necessary):*

\_\_\_\_\_  
Name of Petitioner:

\_\_\_\_\_  
Name of Petitioner:

## Verification of Petitioner

(Verification must be by **at least one** petitioner.)

The undersigned hereby verifies \* [that he/she is \_\_\_\_\_ (title) of the above-named \_\_\_\_\_ (name of corporation) and] that the facts set forth in the foregoing Petition for Adjudication / Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

\_\_\_\_\_  
Signature of Petitioner

*\* Corporate petitioners must complete bracketed information.*

## Certification of Counsel

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication/ Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

\_\_\_\_\_  
Signature of Counsel for Petitioner