

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

IN RE: Estate of _____, deceased

Docket No.: 15____ - _____

PA O.C. RULE 3.5(b)(1) NOTICE OF PLEADING

You are hereby notified to file a written response to the PETITION FOR SETTLEMENT OF A SMALL ESTATE within twenty (20) days from the date of notice or on or before when the pleading is to be filed, whichever is later, or the court may deem that you have no objection to the relief requested therein and may grant such relief without further notice to you.

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

IN RE: Estate of _____, deceased

Docket No.: 15____ - _____

PETITION FOR SETTLEMENT OF A SMALL ESTATE
Pursuant to Pa. C.S. §3102 and Pa. O.C. Rule 5.50

Estate:

1. The Petitioner(s) is/are: _____

2. Petitioner(s) address(es) is/are: _____

3. Petitioner(s) relationship to decedent: _____ spouse; _____ child; _____ parent;
_____ sibling; _____ other (*must describe*): _____

4. Decedent's full legal name: _____

5. Decedent's date of death: _____

6. Decedent's domicile (*family or principal residence*) at the date of death was:

7. Decedent died : _____ testate (*leaving a Will*); _____ intestate (*no Will*)

8. Decedent's _____ original Will dated _____ is attached hereto;
_____ A **copy** of the Will is attached hereto and the reason the original Will could not be
produced is because: _____

_____ n/a (*Decedent died intestate*).

9. The name & address of all beneficiaries (*either testate or intestate*) are:

10. The name & address of all beneficiaries who are minors and their legal representative (*parent or guardian*): _____

11. The name & address of all beneficiaries who are incapacitated and their legal representative (*agent under POA or guardian pursuant to a court order*):

12. A claim for family exemption is being included: _____ Yes; _____ No.

a. If the claimant is not the surviving spouse state the relationship of claimant to

Decedent: _____;

b. The claimant resided with the Decedent at the date of death: _____ Yes; _____ No.

c. The claimant is the surviving spouse and has not forfeited the right to claim the family exemption: _____ Yes; _____ No

Assets:

13. The following is a list of all assets of the Decedent's estate other than real estate and property distributable under 20 Pa. C.S. §3101:

(this section permits allowable payments to Decedent's family members (wages, salary, employee benefits, deposit accounts, patient care accounts, life insurance payments of less than \$11,000 payable to the estate, and unclaimed property) and to a licensed funeral director for Decedent's burial expenses.)

Liabilities:

14. The name & address of all known creditors and total amount claimed by each:

15. Which, if any, of the above debts (*paragraph 14*) have been satisfied:

16. An itemized list of all debts, including whether or not admitted, a description of the property claimed and the gross value thereof and if there is an objection to the debt, by whom it is disputed:

17. An itemized list of all unpaid administrative expenses, unpaid taxes, all other unpaid debts, and if insolvent, as prioritized under 20 Pa. C.S. §3392.

18. Decedent was 55 years of age or older at date of death: ____ Yes; ____ No

If *Yes*: A request for a statement of claim was sent to the PA Department of Human Services in accordance with 62 P.S. §1412, on _____
(date) and the response from DHS.

Distribution:

19. The name of any distributee paid prior to the filing of the petition, including the nature and amount of each payment:

20. The name of each propose distributee and the proposed distribution amount (*not %*):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

21. The name of each interested person (*includes testate and intestate beneficiaries*) who has consented to or joined in this petition:

22. The name of each testate or intestate beneficiary who has not consented to or joined in this petition.

Taxes:

23. A Pennsylvania Inheritance Tax Return has been filed: ____ Yes; ____ No

24. All taxes due on the assets listed in this petition have been paid in full:

____ Yes; ____ No

If *No*, state reason why the taxes were not paid in full: _____

WHEREFORE, the Petitioner respectfully requests this Honorable Court to approve the settlement of the small estate.

Respectfully submitted,

Petitioner: _____ (signature)

Print name: _____

Address: _____

Phone number: _____

Email address: _____

Petitioner #2: (if applicable)

_____ (signature)

Print name: _____

Address: _____

Phone number: _____

Email address: _____

ATTACHED EXHIBITS:

Check all that apply and attach to this Petition:

- 1) _____ An original death certificate
- 2) _____ The Decedent's Will (*if any*)
- 3) _____ PA Department of Revenue Notice of Appraisalment and Assessment of Tax letter
- 4) _____ Original consents, joinders, and statements of no objection signed by interested parties
- 5) _____ Copy of any correspondence received from the Department of Human Services (Pa. DHS) in response to the claim as stated in paragraph 18.

VERIFICATION TO THE PETITION

I, _____ verify that the facts set forth in this
PETITION FOR SETTLEMENT OF A SMALL ESTATE 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.

Petitioner: _____ (*signature*)

Date: _____

Petitioner #2 (if applicable) _____ (*signature*)

Date: _____

PRIOR TO FILING THE PETITION:

YOU MUST SEND A COPY OF THIS
PETITION AND ALL DOCUMENTS
ATTACHED-- TO ALL PERSONS IN
INTEREST FOR THE ESTATE.

YOU MUST THEN FILL OUT & COMPLETE
ALL SECTIONS OF THE FOLLOWING
CERTIFICATE OF SERVICE.

CERTIFICATE OF SERVICE:

The following persons were served, pursuant to Pa. O.C. Rule 4.3(a)¹) with a copy of this

PETITION FOR SETTLEMENT OF A SMALL ESTATE and all attachments/exhibits:

1. Name:
Address:
Date served:
How served:

2. Name:
Address:
Date served:
How served:

3. Name:
Address:
Date served:
How served:

4. Name:
Address:
Date served:
How served:

¹ **This service shall be made:** (a)(1) by handing, or mailing by first-class U.S. mail, postage prepaid, a copy to or leaving a copy for each party at the address of the party's counsel of record listed on the entry of appearance or prior pleading of the party, or at such other address as a party may agree; (2) by transmitting a facsimile copy to the party's counsel of record [only if the parties agree or if a fax number is included on an entry of appearance or other legal paper previously filed with the court in the action. A fax copy shall have a cover sheet containing: the name, firm, address, and telephone number of both the party serving and the party receiving the fax; the title of the pleading being served, and the number of pages transmitted. Proof of service is to be attached to the pleading or filed separately with the Clerk of the Orphans' Court.

PRIOR TO FILING THIS PETITION:

You must fill out & complete all of the sections in the following DECREE, *except* for the date and signature lines.

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

IN RE: Estate of _____, deceased

Docket No.: 15____ - _____

DECREE

AND NOW, this _____ day of _____, 20____,

upon consideration of the Petition for settlement of a small estate ("Petition"), it is hereby

ORDERED and **DECREED** that the Petition is GRANTED and the following ordered:

The following property of the Estate of _____, deceased:

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

shall be distributed and is hereby awarded as follows:

1. Estate debts to be paid:

PAYEE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

All debts owed by the decedent or Estate shall be paid from the assets of the Estate before any distribution to any beneficiaries.

2. Distribution to beneficiaries as follows:

BENEFICIARY	AMOUNT (<i>not %</i>)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

3. The Petitioner(s) _____
is/are hereby authorized to receive, collect and distribute the property as herein above set forth. This DECREE shall constitute sufficient authority to all transfer agents, registrars and others dealing with the property of the Estate to recognize the person(s) names herein to receive the property to be distributed without administration.
4. Distributions are subject to payment of any Inheritance Tax due.

BY THE COURT:

J.