

REGISTER OF WILLS OF CHESTER COUNTY, PENNSYLVANIA

INFORMAL CAVEAT

Estate of _____, Deceased

also known as: _____

Social Security #: _____ (Enter N/A, if not available)

This is to request that you grant no Letters Testamentary or Letters of Administration upon the Estate of the above Decedent who was domiciled at death (last family or principal residence) in

Chester County, Pennsylvania and who died on _____,
Date of Death (Month, Day, Year)

without notice to the undersigned.

NAME OF CAVEATOR	ADDRESS	RELATIONSHIP TO DECEDENT

PLEASE PROVIDE A DEATH CERTIFICATE, OBITUARY, OR OTHER PROOF OF DEATH.

Signature of Caveator or Attorney for Caveator

Date

Signature of Caveator or Attorney for Caveator

Date

Date Filed: _____ (Completed by Register of Wills Office)

NOTICE TO CAVEATOR: You will be notified by mail if a Petition for Letters is filed. You then have 10 days to file a Formal Caveat and post a Bond for \$ 5000.00. A hearing before the Register of Wills is then scheduled.

FILING INSTRUCTIONS: Hand-deliver or mail this form to Register of Wills, Chester County Justice Center, 201 W. Market Street, Suite 2200, West Chester, PA 19380. Filing fee is \$50.00 payable to Register of Wills.