

CHESTER COUNTY ORPHANS' COURT CHECKLIST - INCAPACITATED PERSON/MINOR

Incapacitated Person's/Minor's Name

Case Number:

Audit Date:

Check here **ONLY** if another account is **ANNEXED** as per 20 Pa. C.S.A §7799.1

Attorney:

Attorney Address:

Attorney ID Number:

Attorney Phone Number:

*****DOCUMENTS MUST BE ASSEMBLED ACCORDING TO THE ORDER ON THIS CHECKLIST*****

Preparer (✓if provided)	Documents	O/C Clerk	Auditor
	Account - Face Sheet must include the following:		
	Account (Specify First, Interim, First and Final, etc.)		
	Value of Gross Estate (Total of Principal and Income Receipts)		
	Account - Summary Sheet with Proper Pagination		
	Account - Composition of Net Balance of Principal		
	Account - Composition of Net Balance of Income		
	Account - Signed by <u>ALL</u> Fiduciaries		
	Account - Verified by At Least One Fiduciary		
	Attorney's Entry of Appearance		
	Petition for Adjudication and Statement of Proposed Distribution		
	Signed by <u>ALL</u> Fiduciaries		
	Verified by At Least One Fiduciary		
	Copy of Notice of Audit <i>and</i> Proof of Service of Sending Notice of Audit		
	If not submitted at this time, enter date to be filed _____		

All accounts must conform to Local Rules of the Orphans' Court Division of the Court of Common Pleas of Chester County. Forms and further information are provided at www.chesco.org/wills