

INSTRUCTIONS FOR PROBATE

www.lackawannacounty.org

1. A TYPED PETITION IS REQUIRED.
2. A TYPED ESTATE INFORMATION SHEET IS REQUIRED.
3. THE ORIGINAL WILL MUST BE PRESENTED.
4. IF THE WILL IS NOT SELF-PROVING, THE SUBSCRIBING WITNESS MUST APPEAR IN PERSON OR THE SUBSCRIBING WITNESS FORM MUST BE NOTORIZED. IF THE SUBSCRIBING WITNESSES ARE DECEASED OR THEIR RESIDENCE IS OUTSIDE OF THE COMMONWEALTH, A NOTARIZED AFFIDAVIT OR UNAVAILABLE WITNESS AFFIDAVIT MUST BE PROVIDED BY THE PETITIONER.
5. AN ORIGINAL DEATH CERTIFICATE IS REQUIRED.
6. FEE SCHEDULE IS ATTACHED. ALL FEES MUST BE PAID AT TIME OF FILING.
7. SHORT CERTIFICATES ARE ONLY ISSUED TO THE PETITIONER OR THE ATTORNEY REPRESENTING THE ESTATE.
8. ALL PROBATES WITH GRANT OF LETTERS MUST BE ADVERTISED (P.E.F. CODE, TITLE 20, SECTION 3162) NEAR THE PLACE WHERE THE DECEDENT RESIDED OR IN THE CASE OF NON-RESIDENT DECEDENT, AT OR NEAR THE PLACE WHERE THE LETTERS WERE GRANTED, AND IN THE LEGAL PERIODICAL, IF ANY, DESIGNATED BY RULE OF COURT FOR THE PUBLICATION OF LEGAL NOTICES, ONCE A WEEK FOR THREE SUCCESSIVE WEEKS, TOGETHER WITH HIS NAME AND ADDRESS.
9. INHERTANCE TAX FORMS ARE AVAILABLE ONLINE AT WWW.REVENUE.STATE.PA.US

10. AFTER PROBATE IS INITIATED (WILL FILED), THE FOLLOWING DOCUMENTS MUST BE FILED:

- A. CERTIFICATE OF NOTICE 10.5– no later than THREE MONTHS AFTER PROBATE.
- B. LEGAL ADVERTISING PA PROBATE, ESTATES AND FIDUCIARIES CODE, TITLE 20, SECTION 3162.
- C. INVENTORY – NINE (9) MONTHS FROM DATE OF DEATH.
- D. STATUS REPORT 10.6- no later than TWO (2) YEARS FROM PROBATE.
- E. INHERITANCE TAX RETURN-within NINE (9) MONTHS FROM DATE OF DEATH.
- F. INHERITANCE PAYMENT *DISCOUNT PERIOD:*
*THREE (3) MONTHS FROM DATE OF DEATH.***
- G. INHERITANCE PAYMENT DUE IN FULL NINE (9) MONTHS FROM DATE OF DEATH.**

ANY LEGAL QUESTIONS MUST BE DIRECTED TO AN ATTORNEY OF YOUR CHOICE. IF YOU NEED TO HIRE AN ATTORNEY YOU CAN CONTACT

***Lackawanna Bar Association
Lawyer Referral Service
220 Penn Avenue
Scranton, PA 18503
570-969-9161***

THIS OFFICE IS NOT PERMITTED TO GIVE LEGAL ADVICE!

LACKAWANNA COUNTY REGISTER OF WILLS

TIMELINE FOR COMPLETION OF ESTATE ADMINISTRATION

Within Three (3) Months of Date of Death:

- Pre-pay Inheritance Tax to receive 5% discount.
(Go to the Department of Revenue web page for more information)
- Payment should be made by check payable to Register of Wills, Agent
- Check must contain Estate file number and decedent's name
- Hand deliver or mail payment to:

LCGC at The Globe
123 Wyoming Avenue
Suite 521
Scranton, PA 18503

Note: Payment must be hand delivered or postmarked within the three-month period to qualify for the discount.

Within Three (3) Months of Date of Grant of Letters:

- File one (1) copy of Certification of Notice under Rule 10.5
-

Within Nine (9) Months of Date of Death:

- File two (2) copies of Inheritance Tax Return with the Register of Wills office.
- File one (1) copy of Inventory with Register of Wills
- Pay Inheritance Tax due to avoid accruing penalties and interest

Note: Inheritance Tax Return and payment must be hand delivered to the office or postmarked with nine months of the date of death.

Within Two (2) Years of Date of Death:

- File one (1) copy of Status Report under Rule 10.6 with the Register of Wills
- If the Estate has not been completed within two (2) years of the date of death, another Status report must be filed annually until administration is completed.

**PENNSYLVANIA PROBATE, ESTATES AND FIDUCIARIES CODE,
TITLE 20, SECTION 3162**

THE PERSONAL REPRESENTATIVE, IMMEDIATELY AFTER THE GRANT OF LETTERS, SHALL CAUSE NOTICE THEREOF TO BE GIVEN IN ONE NEWSPAPER OF GENERAL CIRCULATION PUBLISHED AT OR NEAR THE PLACE WHERE THE DECEDENT RESIDED OR, IN THE CASE OF A NON-RESIDENT DECEDENT, AT OR NEAR THE PLACE WHERE THE LETTERS WERE GRANTED, AND IN THE LEGAL PERIODICAL, IF ANY, DESIGNATED BY RULE OF COURT FOR THE PUBLICATION OF LEGAL NOTICES, ONCE A WEEK FOR THREE SUCCESSIVE WEEKS, TOGETHER WITH HIS NAME AND ADDRESS; AND IN EVERY SUCH NOTICE, HE SHALL REQUEST ALL PERSONS HAVING CLAIMS AGAINST THE ESTATE OF THE DECEDENT TO MAKE KNOWN THE SAME TO HIM OR HIS ATTORNEY, AND ALL PERSONS INDEBTED TO THE DECEDENT TO MAKE PAYMENT TO HIM WITHOUT DELAY.

PETITION FOR GRANT OF LETTERS

REGISTER OF WILLS OF

Petitioner(s) named below, who is/are 18 years of age or older, apply(ies) for Letters as specified below, and in support thereof aver(s) the following and respectfully request(s) the grant of Letters in the appropriate form:

Decedent's Information

Name:
a/k/a:
a/k/a:
a/k/a:

File No:
(Assigned by Register)

Social Security No:
Age at death:

Date of Death:

Decedent was domiciled at death in County, (State) with his/her last principal residence at
Street address, Post Office and Zip Code
City, Township or Borough
County

Decedent died at
Street address, Post Office and Zip Code
City, Township or Borough
County
State

Estimate of value of decedent's property at death:

If domiciled in Pennsylvania... All personal property \$
If not domiciled in Pennsylvania... Personal property in Pennsylvania \$
If not domiciled in Pennsylvania... Personal property in County \$
Value of real estate in Pennsylvania... \$
TOTAL ESTIMATED VALUE... \$

Real estate in Pennsylvania situated at:
(Attach additional sheets, if necessary.) Street address, Post Office and Zip Code
City, Township or Borough
County

A. Petition for Probate and Grant of Letters Testamentary

Petitioner(s) aver(s) he/she/they is/are the Executor(s) named in the last Will of the Decedent, dated and Codicil(s) thereto dated

State relevant circumstances (e.g. renunciation, death of executor, etc.)

Except as follows: after the execution of the instrument(s) offered for probate Decedent did not marry, was not divorced, was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323(g), and did not have a child born or adopted; and Decedent was neither the victim of a killing nor ever adjudicated an incapacitated person.

NO EXCEPTIONS EXCEPTIONS

B. Petition for Grant of Letters of Administration (If applicable)
c.t.a., d.b.n., d.b.n.c.t.a., pendente lite, durante absentia, durante minoritate

If Administration, c.t.a. or d.b.n.c.t.a., enter date of Will in Section A above and complete list of heirs.

Except as follows: Decedent was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323(g) and was neither the victim of a killing nor ever adjudicated an incapacitated person.

NO EXCEPTIONS EXCEPTIONS

Petitioner(s), after a proper search has/have ascertained that Decedent left no Will and was survived by the following spouse (if any) and heirs (attach additional sheets, if necessary):

Table with 3 columns: Name, Relationship, Address. Multiple empty rows for listing heirs.

County Code	Year	File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATE INFORMATION SHEET

1 DECEDENT INFORMATION: Enter data as it will appear on all documents submitted to the Department.

Decedent's Social Security Number	Date of Death	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 TYPE FILING: Fill in oval to indicate the nature of the return to be filed with the department.

Probate Return Joint Assets Only Non-probate Assets Only Litigation Purposes (no other assets)

3 LETTERS GRANTED: Fill in oval to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

Testamentary Administration No Letters Other (Please Explain.)

4 ATTORNEY/CORRESPONDENT INFORMATION: Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supreme Court I.D. #	Telephone Number	Attorney/ Correspondent's e-mail address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Line of Address	<input type="text"/>		
Second Line of Address	<input type="text"/>		
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

5 PERSONAL REPRESENTATIVE INFORMATION: Enter all information for the personal representative(s) of the estate authorized by the Register of Wills.

Executor/Administrator

Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Line of Address	<input type="text"/>		
Second Line of Address	<input type="text"/>		
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	<input type="text"/>		

OFFICIAL USE ONLY
TRANSACTION COUNT <input type="text"/>

Complete general estate information questions and indicate additional personal representatives on reverse side.

PLEASE USE ORIGINAL FORM ONLY

Side 1



REV-346 EX (11-15)

Decedent's Social Security Number

Decedent's Name: _____

Co-Executor/Administrator

Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Line of Address

Second Line of Address

City or Post Office	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number

Co-Executor/Administrator

Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Line of Address

Second Line of Address

City or Post Office	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number

General Instructions:

This form should be filed with the Register of Wills of the county of which the decedent was a resident at death.

Please be aware the correspondent identified will receive all correspondence from the department. It is the responsibility of the personal representative to notify the department if the correspondent contact information changes.

The department is authorized by law, 42 U.S.C. §405 (c)(2)(C)(i), to require disclosure of Social Security numbers in connection with administering state tax laws. The department uses the Social Security number to identify the decedent and personal representatives of the estate. The commonwealth may also use the information in exchange-of-tax-information agreements with federal and local taxing authorities. State law prohibits commonwealth personnel from disclosing confidential tax information except for official purposes.



RENUNCIATION

REGISTER OF WILLS

Estate of _____, Deceased

The undersigned, _____, in the capacity/relationship as
(Name or Corporate Name)
_____ of the above Decedent, hereby renounces the right to administer
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
requests that Letters be issued to _____.

(Date)

Name of Corporate Fiduciary (if applicable)

Signature of Officer/Representative

Signature of Person

Title of Officer/Representative

Address

Address

Telephone

Telephone

Email

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Executed out of Register's Office

Before the undersigned personally appeared the
party executing this Renunciation and certified
that he or she executed the Renunciation for the
purposes stated within on this _____ day
of _____, _____.

Deputy for Register of Wills

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer oaths. Show date of expiration of Notary's Commission.)

OATH OF SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

Estate of _____, Deceased

_____, (each) a subscribing witness to
(Print Name/s)

the Will Codicil(s) presented herewith, (each) being duly qualified according to law, depose(s) and say(s) that she / he / they was / were present and saw the above Testator / Testatrix sign the same and that she / he / they signed the same and that she / he / they signed as a witness at the request of the Testator / Testatrix in her / his presence and in the presence of each other.

(Signature)

(Signature)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Executed out of Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's Commission.)

NOTE: To be taken by Officer authorized to administer oaths. Please have present the original or copy of instrument(s) at time of notarization.

OATH OF NON-SUBSCRIBING WITNESS(ES)

REGISTER OF WILLS

Estate of _____, Deceased

_____ and _____,
(each) being duly qualified according to law, depose(s) and say(s) that she / he / they was / were well-acquainted with _____ and am/are familiar with the handwriting and signature of the decedent, and that the signature of _____ to the foregoing instrument purporting to be the Last Will and Testament/Codicil of _____ is in his/her own proper handwriting.

(Signature)

(Signature)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

**REGISTER OF WILLS
LACKAWANNA COUNTY, PENNSYLVANIA**

UNAVAILABLE WITNESS AFFIDAVIT

I, _____ (EXECUTOR) being duly sworn according to law,
depose and say that I, _____ (EXECUTOR) in the Estate of
deceased, declare that _____ appears as a subscribing witness
to the Last Will and Testament of _____ deceased, is not
readily available to prove the signature of the Testa_____ by reason of (his/her)
_____ (reason).

(Name)

(Address)

Sworn to or affirmed and subscribed
before me this _____ day of
_____, 201__

(For the Register)

BEFORE THE REGISTER OF WILLS OF
LACKAWANNA COUNTY, PENNSYLVANIA

IN RE: Estate of _____, deceased
Estate No: 35-20 _____ - _____

AFFIDAVIT
BY Pro Se Petitioner

I/We _____

The undersigned duly appointed personal representative(s) for the above-captioned estate confirm that I/WE intend to administer this Estate Pro Se (without paid legal counsel) and take full responsibility for following all Pennsylvania Estate laws, Pennsylvania Rules of Court, and Pennsylvania Inheritance Tax regulations. I/We acknowledge receipt of an estate check list and agree that I/We shall perform all required duties and shall file all required documents on time without further notice. I/We acknowledge that we have received the following documents this date:

Rule 10.5 Court
Certificate of Notice

Rule 10.6 Status Form

Date: _____ (SEAL)

_____ (SEAL)

Executed in Register of Wills Office

Sworn to or affirmed and subscribed

Before me this _____ day of _____, 20_____

(For the Register)

IMPORTANT NOTICE

**NOTICE OF ESTATE ADMINISTRATION
PURSUANT TO Pa. O.C. Rule 10.5**

THIS NOTICE DOES NOT MEAN THAT YOU WILL RECEIVE ANY
MONEY OR PROPERTY FROM THIS ESTATE OR OTHERWISE

Whether you will receive any money or property will be determined wholly or partly by the decedent's will. If the decedent died without a will, whether you will receive any money or property will be determined by the intestacy laws of Pennsylvania.

BEFORE THE REGISTER OF WILLS,

IN RE: ESTATE OF _____, Deceased
File Number _____

TO: _____ (Beneficiary)
_____ (Address)

Please take notice of the death of the Decedent and the grant of Letters to the personal representative(s) named below. The Decedent died on _____, a resident of _____

The Decedent died: _____ testate (with a Will) or intestate (without a Will)

You may have a beneficial interest in the estate as follows:

(If additional space is needed, use separate sheet)

The name(s), address(es) and telephone number(s) of all personal representatives appointed are:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____

If the Decedent died testate, the Will has been filed with the Office of the Register of Wills of _____

If the Decedent died intestate, a Petition for the Grant of Letters of Administration was filed with the Office of the Register of Wills of _____

The Register's address is _____,
and telephone number is _____.

A copy of the Will or Petition may be obtained by contacting the Register of Wills and paying the charges for duplication.

Date _____

Capacity: Personal Representative Counsel

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Signature of Person

Signature of Officer/Representative

CERTIFICATION OF NOTICE UNDER Pa. O.C. Rule 10.5

REGISTER OF WILLS

Name of Decedent: _____

Date of Death: _____ File Number: _____

Date Letters Granted: _____

To the Register:

I certify that Notice of Estate Administration required by Pa. O.C. Rule 10.5 of the Orphans' Court Rules was served on or mailed to the following beneficiaries of the above-captioned estate on

_____, _____ :

Name:

Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more space is needed, attach separate sheet.)

Notice has now been given to all persons entitled thereto under Pa. O.C. Rule 10.5 except:

Date _____

Capacity: Personal Representative Counsel

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Signature of Officer/Representative

Signature of Person

Pa. O.C. Rule 10.6 STATUS REPORT

REGISTER OF WILLS OF

Name of Decedent: _____

Date of Death: _____ File Number: _____

Pursuant to Pa. O.C. Rule 10.6, I report the following with respect to completion of the administration of the above-captioned estate:

1. State whether administration of the estate is complete: Yes No
2. If the answer is No, state when the personal representative reasonably believes that the administration will be complete:

3. If the answer to No. 1 is YES, state the following:
 - a. Did the personal representative file a final account with the Court? Yes No
 - b. The separate Orphans' Court No. (if any) for the personal representative's account is:

- c. Did the personal representative state an account informally to the parties in interest? Yes No
 - d. Copies of receipts, releases, joinders and approvals of formal or informal accounts may be filed with the Clerk of the Orphans' Court or may be attached to this report.

Date _____

Capacity: Personal Representative Counsel

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Signature of Officer/Representative

Signature of Person