

Department of Court Records  
Wills/Orphans' Court Division  
INSTRUCTIONS FOR PROBATE APPLICATION

1. ONE ORIGINAL LEGIBLE APPLICATION IS REQUIRED.
2. THE ORIGINAL WILL AND ONE (1) COPY MUST BE PRESENTED.
3. IF THE WILL IS NOT SELF-PROVING, THE SUBSCRIBING WITNESSES MUST APPEAR IN PERSON OR NOTARIZED AFFIDAVITS MUST BE PROVIDED FROM THE SUBSCRIBING WITNESSES. ATTACHED TO A COPY OF THE WILL, IF THE SUBSCRIBING WITNESSES ARE DECEASED OR THEIR RESIDENCY IS OUTSIDE OF THE COMMONWEALTH, A NOTARIZED AFFIDAVIT OF NON-AVAILABILITY IS NEEDED.
4. NON-SUBSCRIBING WITNESSES MUST APPEAR IN PERSON.
5. THE ORIGINAL DEATH CERTIFICATE IS REQUIRED.
6. FEES MUST BE PAID BY ATTORNEY CHECK, ESTATE CHECK OR CASH. (SEE FEE SCHEDULE)
7. SHORT CERTIFICATES ARE \$3.00 PER CERTIFICATE.
8. ALL PROBATES WITH GRANT OF LETTERS MUST BE ADVERTISED (P.E.F., CODE, TITLE 20, SECTION 3162)
9. INHERITANCE TAX FORM(S) ARE AVAILABLE.
10. AFTER PROBATE IS COMPLETE (WILL FILED), THE FOLLOWING ITEMS MUST BE FILED:
  - CERTIFICATION OF NOTICE – THREE (3) MONTHS AFTER PROBATE
  - INVENTORY – NINE (9) MONTHS FROM DATE OF DEATH
  - STATUS REPORTS – WITHIN TWO (2) YEARS OF THE PROBATE
  - INHERITANCE TAX RETURN – WITHIN NINE (9) MONTHS OF THE DATE OF DEATH: DISCOUNTED DURING FIRST THREE (3) MONTHS AFTER DATE OF DEATH

ANY LEGAL QUESTION SHOULD BE DIRECTED TO AN ATTORNEY OF YOUR CHOICE.

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: \_\_\_\_\_ File No: \_\_\_\_\_
a/k/a: \_\_\_\_\_ (Assigned by Register)
a/k/a: \_\_\_\_\_
a/k/a: \_\_\_\_\_ Social Security No: \_\_\_\_\_
Date of Death: \_\_\_\_\_ Age at 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... \$ 0.00

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.



**REV-346**  
BUREAU OF INDIVIDUAL TAXES  
PO BOX 280601  
HARRISBURG PA 17128-0601

**ESTATE INFORMATION  
SHEET**

**FOR REGISTER'S OFFICE USE ONLY**  
County Code    Year    File Number

County Code: [ ] Year: [ ] File Number: [ ]

**SECTION I    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  
[ ]    [ ]    [ ]  
Last Name    Suffix    First Name    MI  
[ ]    [ ]    [ ]    [ ]

**SECTION II    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)

**SECTION III    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.)

**SECTION IV    ATTORNEY/CORRESPONDENT INFORMATION**

Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name    Suffix    First Name    MI  
[ ]    [ ]    [ ]    [ ]  
Supreme Court I.D. #    Telephone Number    Attorney/ Correspondent's e-mail address:  
[ ]    [ ]    \_\_\_\_\_  
First Line of Address  
[ ]  
Second Line of Address  
[ ]  
City or Post Office    State    ZIP Code  
[ ]    [ ]    [ ]

**SECTION V    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  
[ ]    [ ]    [ ]    [ ]  
First Line of Address  
[ ]  
Second Line of Address  
[ ]  
City or Post Office    State    ZIP Code  
[ ]    [ ]    [ ]  
Telephone Number  
[ ]

**OFFICIAL USE ONLY**  
TRANSACTION COUNT [ ] [ ]

Indicate additional personal representatives on reverse side.



REV-346 (EX) MOD 08-19 (FI)

Decedent's Social Security Number

Decedent's Name: \_\_\_\_\_

**SECTION V PERSONAL REPRESENTATIVE INFORMATION cont.**

Co-Executor/Administrator Last Name (if necessary)	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

Second Co-Executor/Administrator Last Name (if necessary)	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



**Pennsylvania Department of Revenue**  
**Instructions for REV-346**  
Estate Information Sheet

REV-346 IN (EX) MOD 08-19

**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.

# 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

### **Executed out of Register's Office**

Commonwealth of Pennsylvania )  
County of \_\_\_\_\_ ) SS:

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
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 WITNESS(ES) TO WILL EXECUTED BY MARK

## REGISTER OF WILLS

Estate of \_\_\_\_\_, Deceased

\_\_\_\_\_, \_\_\_\_\_ (each) a  
(Print Name/s)  
subscribing witness to the  Will  Codicil(s) presented herewith, (each) being duly qualified according to law, depose(s) and say(s) that: Testator / Testatrix was unable to sign his / her name thereto; Testator's / Testatrix' name was subscribed thereto in Testator's / Testatrix' presence; Testator / Testatrix made his / her mark thereon; Testator / Testatrix and deponent(s) were present when Testator's / Testatrix' name was subscribed and when Testator / Testatrix made his / her mark; and Testator / Testatrix was present when the undersigned signed the  Will  Codicil as witness(es).

\_\_\_\_\_  
(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

### **Executed out of Register's Office**

Commonwealth of Pennsylvania )  
County of \_\_\_\_\_ ) SS:

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

\_\_\_\_\_  
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.)

**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

# 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.)

# 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 \_\_\_\_\_

Corporate Fiduciary (if applicable)

Capacity:  Personal Representative  Counsel

\_\_\_\_\_  
Name of Corporate Fiduciary

\_\_\_\_\_  
Name of Representative and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Officer/Representative

\_\_\_\_\_  
Signature of Person

# INVENTORY

## REGISTER OF WILLS OF

COMMONWEALTH OF PENNSYLVANIA  
County of \_\_\_\_\_

} SS

File Number \_\_\_\_\_

The undersigned, \_\_\_\_\_, Personal Representative(s) of the Estate of \_\_\_\_\_ deceased, depose(s) and say(s) that the items appearing in the following Inventory include all of the personal assets wherever situated and all of the real estate in the Commonwealth of Pennsylvania of said Decedent, that the valuation placed opposite each item of said Inventory represents its fair value as of the date of Decedent's death, and that Decedent owned no real estate outside of the Commonwealth of Pennsylvania except that which appears in a memorandum at the end of this Inventory.

I verify that the statements made in this Inventory are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Name of Corporate Fiduciary

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Name of Representative and Title

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Signature of Officer/Representative

\_\_\_\_\_  
Date

Attorney -- (Name) \_\_\_\_\_ (Supreme Court I.D. No.) \_\_\_\_\_  
 (Name of Law Firm) \_\_\_\_\_  
 (Address) \_\_\_\_\_  
 \_\_\_\_\_  
 (Telephone) \_\_\_\_\_  
 (Email) \_\_\_\_\_

DATE OF DEATH	LAST RESIDENCE	DECEDENT'S SOC. SEC. NO.

**FIGURES MUST BE TOTALED**

*(Attach additional sheets as needed)*

**TOTAL:** \$0.00

NOTE: The Memorandum of real estate outside the Commonwealth of Pennsylvania may, at the election of the personal representative, include the value of each item, but such figures should not be extended into the total of the Inventory. (See 20 Pa. C.S. § 3301(b))

# 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Officer/Representative

\_\_\_\_\_  
Signature of Person

**CAMERON COUNTY REGISTER OF WILLS**  
**FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2023**

**PETITION FOR GRANT OF LETTERS TESTAMENTARY & ADMINISTRATION:**

Not exceeding \$1,000.....	65.25
Over \$1,000 but not exceeding \$5,000.....	70.25
Over \$5,000 but not exceeding \$10,000.....	80.25
Over \$10,000 but not exceeding \$20,000.....	90.25
Over \$20,000 but not exceeding \$30,000.....	100.25
Over \$30,000 but not exceeding \$40,000.....	110.25
Over \$40,000 but not exceeding \$50,000.....	120.25
Over \$50,000 but not exceeding \$75,000.....	130.25
Over \$75,000 but not exceeding \$100,000.....	140.25
Each additional \$100,000 or fraction thereof.....	45.00

- \$40.25 JCP FEE **INCLUDED** IN ABOVE AMOUNTS
- **PLEASE ADD \$5.00 TO EACH ESTATE OPENED FOR REGISTER OF WILLS AUTOMATION FUND**

**ACCOUNTS:**

FILING, RECORDING ACCOUNTS OF EXECUTORS, ADMINISTRATORS AND GUARDIANS, INCLUDING TRANSMISSION OF SAME TO ORPHANS' COURT AND CONFIRMATION:

**FIRST AND FINAL OR PARTIAL ACCOUNTING:**

FIRST PAGE.....	40.00
EACH ADDITIONAL PAGE.....	3.00
<b>ADVERTISING COSTS.....</b>	<b>100.00</b>

**MISCELLANEOUS FILING AND RECORDING FEES:**

SMALL ESTATE PETITION.....	65.25
SHORT CERTIFICATE.....	3.00
INHERITANCE TAX RETURN.....	15.00
INVENTORY.....	12.00
SUPPLEMENTAL INHERITANCE TAX PAPERS.....	12.00
FILING AFFIDAVIT IN LIEU OF INVENTORY.....	5.00

RENUNCIATION.....	5.00
CODICIL, FIRST PAGE.....	15.00
EACH ADDITIONAL PAGE.....	3.00
PROBATE OF WILL ONLY.....	10.00
BOND, WHERE REQUIRED.....	10.00
ISSUE EXEMPLIFIED RECORD OF ESTATE.....	25.00
FILING OF EXEMPLIFIED RECORD OF ESTATE.....	25.00
CERTIFICATION OF PAYMENT OF INHERITANCE TAX.....	25.00
AFFIDAVIT OF DEATH.....	20.00
COPIES (PER PAGE).....	50 ¢
MISC. MOTION/PETITION.....	25.00
RECEIPT & RELEASE.....	25.00
DISCLAIMER OF INTEREST.....	25.00
PETITON FOR ADDITIONAL EXECUTOR.....	25.00

FEES FOR SIMILAR SERVICES NOT HEREIN SPECIFICALLY SCHEDULED SHALL BE CHARGED ON THE SAME BASIS AS THOSE SCHEDULED.

**ACCEPTABLE FORMS OF PAYMENT ARE: CASH, MONEY ORDER, ATTORNEY'S CHECK OR BUSINESS CHECK**