

Please fill in this form and follow the directions at the end for submitting.

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

IN RE: _____
_____,
Deceased

No. _____

PETITION FOR SETTLEMENT OF A SMALL ESTATE

Name(s) and address(es) of Petitioner(s):

Name	Address	Relationship to Decedent

1. The said decedent, _____, who died on _____, resided prior to death at _____, Lancaster County, Pennsylvania.

2. The decedent died Testate (with a Will)
 Intestate (without a Will)

a) If Testate, was the Last Will and Testament lodged or probated with the Register?
 Yes or No (If **Yes**, copy attached)

If **Yes**, to whom were Letters granted and the date of issuance or the date The Last Will & Testament was lodged?

If **No**, the original of the Decedent's Last Will and Testament, dated is attached.

If the original Will cannot be produced, the reason it cannot be produced is:

A photocopy of the original Will and a copy of the Register's Decree accepting the photocopy for probate are attached hereto.

b) If Intestate, were Letters of Administration granted?

Yes or No

If **Yes**, to whom were Letters granted and what is the date of issuance?

3. Decedent's assets (excluding property distributed under 20 Pa. C.S. Section 3101) and the value of each asset:

Asset	Value at date of death

4. Total value of assets at date of death: \$ _____ **0**

5. The Petitioner(s) has received notice of the following bills:

Creditor	Address	Claim amount	Paid or Unpaid	Admitted	Contested
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

6. a) The names, addresses, and relationship to the decedent of all beneficiaries or heirs entitled to any part of decedent's estate under the decedent's Will or, alternatively, the intestate laws are:

Name	Address	Relationship

b) If a beneficiary or an heir is a minor or is incapacitated, the name and address of such beneficiary's legal representative:

Name of beneficiary/ heir	Name of legal representative	Address of legal representative

7. Is a claim for family exemption included? Yes or No

If **Yes**, is Claimant the surviving spouse? Yes or No

If Claimant is not the surviving spouse, indicate the relationship of the Claimant to the Decedent, and whether the Claimant resided with the Decedent on the date of death:

8. A true and correct copy of the Department of Revenue Notice of Appraisalment of the inheritance tax return filed on the Decedent's estate, showing that no inheritance tax is due, is attached.

If all taxes have not been paid, state reason why the taxes were not paid in full:

9. Decedent was 55 years of age or older at date of death: Yes or 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. Section 1412 on _____ (date) and the response from the PA Department of Human Services is attached.

10. The name of each proposed distributee and the proposed distribution amount (not %) is:

Name	Distribution amount

11. The name of each testate or intestate beneficiary and whether they have consented to this petition or object:

Name	Consent	Object
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

Date: _____

Signature of Petitioner

Printed Name: _____

Address: _____

Telephone number: _____

E-mail address: _____

Date: _____

Signature of Petitioner #2 (if applicable)

Printed Name: _____

Address: _____

Telephone number: _____

E-mail address: _____

VERIFICATION TO THE PETITION

I/we, _____, verify that the facts set forth in this PETITION FOR SETTLEMENT OF A SMALL ESTATE are true and correct to the best of my/our knowledge, information, and belief.

I/we understand that false statements herein are made subject to the penalties of 19 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Petitioner: _____ (signature)

Date: _____

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

Date: _____

ATTACHED EXHIBITS:

Check all that apply and attach to this Petition:

1. An original death certificate (must be attached; a copy is NOT acceptable)
2. Decedent's Will (original must be attached unless previously probated)
3. PA Department of Revenue Notice of Appraisalment and Assessment of Tax Letter (a copy is acceptable).
4. Original signed consents, joinders, and statements of no objection signed by interested parties
5. Copies of any correspondence received from the Pennsylvania Department of Human Services (PA DHS)

The printed Petition for Settlement of a Small Estate should be submitted to the Clerk of the Orphans' Court, Lancaster County Courthouse, 50 N. Duke Street, Lancaster, PA 17602 either in person or by mail along with a check for the filing fee of \$157 and a self-addressed and postage pre-paid envelope. If you would like a time-stamped copy, please provide a copy and ensure there is enough postage for the return of the copy of the petition to you.