

**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 Representative and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

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