

**DELAWARE COUNTY ORPHANS' COURT CHECKLIST – DECEDENT'S ESTATE**

Decedent's Name (include any "a/k/a"):

Estate No:

Audit No:

Audit Date:

Attorney:

Attorney Address:

Attorney ID No:

Attorney Telephone No.

**Accounts must be fastened securely at the top and the pages numbered consecutively at the bottom**

Accountant	Item	O/C Clerk	Auditor
	Account – Face Sheet <b>NOTE: Original and one copy of Account must be Filed</b>		
	Residence (Name of Township, Borough, City)		
	Account (Specify First, Interim, First and Final, etc.)		
	Account - Value of Gross Estate (Total of Principal and Income Receipts)		
	Account – Account stated to _____		
	Account - Summary Sheet with proper pagination		
	Account – Composition of Net Balance of Principal		
	Account – Composition of Net Balance of Income		
	Account – Signed by <b>ALL</b> Fiduciaries stating the Account		
	Account –Affidavit or Verification in compliance with Rule 6.1H– Notarized for at least one fiduciary		
	Petition for Adjudication and Statement of Proposed Distribution Signed by <b>ALL PETITIONERS</b>		
	Copy of Inventory and Appraisalment		
	Original or certified copy of Inheritance Tax Receipt(s)		
	Charitable Gift Clearance Certificate (if applicable) If not submitted at this time enter date Notice sent to Attorney General _____		
	Original Letters of Appointment OR Short Certificate		
	Copy of Will/Codicil(s) – where not filed with original Letters of Appointment, Certified by attorney to be true and correct		
	Original proof of Publication Delaware County Legal Journal – or copy certified by attorney to be true and correct.		
	Original Proof of Publication (newspaper) or copy certified by attorney to be true and correct		
	Affidavit of Service of Notice of Audit along with copy of Notice of Audit <b>MAY BE FILED AT AUDIT</b>		
	Attorney Entry of Appearance – <b>TO BE FILED AT AUDIT</b>		

**ALL OF THE ABOVE ITEMS MUST BE ORIGINALS, EXCEPT AS OTHERWISE INDICATED**