

DELAWARE COUNTY ORPHANS' COURT CHECKLIST – TRUSTS

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

Party/Parties for whom Trust is established: (FBO)

Estate/Trust 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 NOTE: Original and one copy of Account must be Filed		
	Account (Specify First, Interim, First and Final, etc.)		
	Account - Value of Gross Estate (Total of Principal and Income Receipts)		
	Account - Summary Sheet with proper pagination		
	Account – Composition of Net Balance of Principal		
	Account – Composition of Net Balance of Income		
	Account –Signed by ALL Fiduciaries stating the 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 ALL PETITIONERS		
	Charitable Gift Clearance Certificate (if applicable) If not submitted at this time, enter date Notice sent to Attorney General		
	Copy of Will/Codicil(s) OR Trust document – certified by attorney to be true and correct		
	Deed of Trust – (ORIGINAL Deed of Trust MUST BE SUBMITTED the first time an accounting is filed)		
	Copy of Notice of Audit		
	Affidavit of Service of Notice of Audit with copy of Notice MUST BE FILED AT AUDIT.		
	Waiver(s) of Income Accounting (if applicable)		
	Attorney Entry of Appearance – TO BE FILED AT AUDIT		

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