

DELAWARE COUNTY ORPHANS' COURT CHECKLIST – INCAPACITATED PERSON/MINOR		
Incapacitated Person's/Minor'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		
	Residence (Name of Township, Borough, City, if ward is deceased)		
	Account (Specify first, interim, First and Final, etc.)		
	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		
	Account – Notarized for At Least One Fiduciary		
	Date Account Stated to _____ (Date of Ward's death, Attainment of Majority by minor, etc.)		
	Attorney's Entry of Appearance (to be filed at Audit)		
	Petition for Adjudication and Statement of Proposed Distribution		
	Signed by ALL Fiduciaries		
	Notarized for At Least One Fiduciary		
	Copy of Guardian's Inventory		
	Copy of Guardian's Appointment		
	Copy of Will/Codicil(s) (if applicable)		
	Certified by Attorney to be True and Correct		
	Copy of Letter of Appointment/Short Certificate (if applicable)		
	Copy of Notice of Audit		
	Affidavit of Sending Notice of Audit If Notice of Audit & Affidavit is not submitted, note date to be filed _____		

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