

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		
	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		
	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		
	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 Sending Notice of Audit If Copy of Notice of Audit & Affidavit not submitted, enter date to be filed _____		
	Waiver(s) of Income Accounting (If applicable)		

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