

***Register of Wills of Snyder County, Pennsylvania***  
**PETITION FOR PROBATE AND GRANT OF LETTERS**

Estate of \_\_\_\_\_, *Deceased* **FILE NUMBER:** \_\_\_\_\_  
 a/k/a: \_\_\_\_\_  
 a/k/a: \_\_\_\_\_  
 a/k/a: \_\_\_\_\_ **SS NO:** \_\_\_\_\_

Petitioner(s) who is/are 18 yrs of age or older, apply(ies) for: **COMPLETE SECTION 'A' or 'B' AND "C" as applicable:**

**A. Probate and Grant of Letters**    **Testamentary**    **Administration** \_\_\_\_\_ *(complete Part C also)*  
CTA, DBN, or DBN CTA

and aver that Petitioner(s) is/are entitled to the aforementioned Letters \_\_\_\_\_ under the last Will of the above-named Decedent, dated \_\_\_\_\_ and codicil(s) dated \_\_\_\_\_

(State relevant circumstances, e.g. renunciation, death of executor, etc.)

**Except as follows, Decedent did not marry or divorce, did not have a child born or adopted after execution of the documents offered for probate; was not the victim of a killing, was never adjudicated incapacitated, and was not a party to a pending divorce proceeding at the time of death wherein grounds for divorce had been established as provided in 23 PA C.S. section 3323(g):**

**B. Grant of Letters of Administration** \_\_\_\_\_  
(If applicable, enter c.t.a., d.b.n., d.b.n.c.t.a., etc.)

**C. Petitioner(s), after a proper search, has/have ascertained that Decedent left no Will and was survived by the following spouse (if any) and heirs: (If Administration c.t.a. or d.b.n.c.t.a. enter date of Will in Section A and complete list of heirs)**

Name	Address	Relationship to Decedent

**USE ADDITIONAL SHEETS IF NECESSARY**

**THIS SECTION MUST BE COMPLETED:**

Decedent was domiciled at death in Snyder County, Pennsylvania, with his/her last family or principal residence at \_\_\_\_\_

**Street address with Post Office and Zip Code, Municipality: Township, Borough, City**

Decedent, then \_\_\_\_\_ years of age, died \_\_\_\_\_ at \_\_\_\_\_  
Month, Day, Year of death                      City and State where death occurred

*Note: No "UNKNOWN" values will be accepted*

**Estimated** value of decedent's property at death:

_ If domiciled in PA	All personal property	\$ _____
_ If <b>not</b> domiciled in PA	Personal property in Pennsylvania	\$ _____
_ If <b>not</b> domiciled in PA	Personal property in County	\$ _____
_ Value of Real Estate in Pennsylvania		\$ _____
	<b>Total Estimated Value</b>	\$ _____

Location of Real Estate in Pennsylvania: (Provide full address if possible.) \_\_\_\_\_

**Signature(s)**

**Typed or Printed Name(s) & Complete Mailing Address(es)**


**OATH OF PERSONAL REPRESENTATIVE**

*Commonwealth of Pennsylvania*  
*County of SNYDER*

The Petitioner(s) herein named swear or affirm that the statements in the foregoing Petition are true and correct to the best of the knowledge and belief of Petitioner(s) and that, as personal representative(s) of the Decedent, Petitioner(s) will well and truly administer the estate according to law.

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

Register of Wills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECREE OF PROBATE AND GRANT OF LETTERS**

Estate of \_\_\_\_\_, Deceased File Number: \_\_\_\_\_ - \_\_\_\_\_

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in consideration of the foregoing Petition, satisfactory proof having been presented before me, **IT IS DECREED** that Letters \_\_\_\_\_ Testamentary \_\_\_\_\_ of Administration \_\_\_\_\_ are hereby granted to:

(If applicable, enter c.t.a., d.b.n., d.b.n.c.t.a., etc.)

\_\_\_\_\_ in the above estate and that instruments(s) dated \_\_\_\_\_ described in the petition be admitted to probate and filed of record as the last Will and Codicil(s) of Decedent.

Register of Wills

**FEES:**

Letters.....\$ \_\_\_\_\_  
( ) Short Certificates \_\_\_\_\_  
( ) Renunciations..... \_\_\_\_\_  
Codicil..... \_\_\_\_\_  
Affidavit..... \_\_\_\_\_  
Bond ..... \_\_\_\_\_  
Commission... \_\_\_\_\_  
Other ..... \_\_\_\_\_  
Automation FEE..... \_\_\_\_\_  
JCS FEE..... \_\_\_\_\_  
**TOTAL.....\$ \_\_\_\_\_**

**Signature of Counsel Required to Enter Appearance**

Atty's Signature \_\_\_\_\_  
**PRINTED Name:** \_\_\_\_\_  
**Atty PA ID #:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_