

For Register of Wills Office Use Only

Letters Mailed:

Date of Letters:

Deputy:

Estate of:

Address: Type of Letter:

Personal Representative 1:

Name:

Address: City: State: Zip Code:

Phone Number: E-Mail:

Personal Representative 2:

Name:

Address: City: State: Zip Code:

Phone Number: E-Mail:

Personal Representative 3:

Name:

Address: City: State: Zip Code:

Phone Number: E-Mail:

Publication:

Attorney:

Law Firm:

Address:

Phone #: email:

Personal Assets: Real Property:

Litigation: YES NO Shorts #:

Date of Death: Death Certificate: YES NO

File #

Petition(s) \$5 @	
Probate \$2	
Letters	
Certificates \$5 @	
Order of Pub & Hand & Post	7
Copy Wills, Codicil & Memo	
Publication	
Renunciation	
Power of Attorney \$5 @	
Rule 190 Affidavit 5@	
Trust	
CDC	
Prepd (ECD, NETA, INV, ACCT)	65
TOTAL FEES	