

**For Register of Wills Office Use Only**

Letters Mailed:

Date of Letters:

DEPUTIES:

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)	95
<b>TOTAL FEES</b>	