



**LINDA BOBRIN, ESQUIRE**  
**REGISTER OF WILLS, BUCKS COUNTY PENNSYLVANIA**  
**IMPORTANT NOTICE**  
**NOTICE OF ESTATE ADMINISTRATION PURSUANT TO Pa. O.C. RULE 10.5**

***THIS NOTICE DOES NOT MEAN THAT YOU WILL RECEIVE ANY MONEY OR PROPERTY FROM THIS ESTATE OR OTHERWISE***

Whether you will receive any money or property will be determined wholly or partly by the decedent's Will. If the decedent died without a Will, whether you will receive any money or property will be determined by the intestacy laws of Pennsylvania.

**BEFORE THE REGISTER OF WILLS**

In Re: Estate of: \_\_\_\_\_, deceased

File No.: \_\_\_\_\_

To: \_\_\_\_\_ (Beneficiary)

Address: \_\_\_\_\_

Please take notice of the death of the decedent and the grant of Letters to the personal representative(s) named below.

The decedent died on \_\_\_\_\_, a resident of \_\_\_\_\_.

The decedent died  testate (with a Will); or  intestate (without a Will).

You may have a beneficial interest in the estate as follows:

\_\_\_\_\_

\_\_\_\_\_

(If additional space is needed, use separate sheet)

The name(s), address(es) and telephone number(s) of all personal representatives appointed are:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the decedent died *testate*, the Will has been filed with the Office of the Register of Wills of Bucks County, whose address is 55 E. Court Street, Doylestown, Pennsylvania, 18901, and whose telephone number is (215) 348-6265.

If the decedent died *intestate*, a Petition for the Grant of Letters of Administration was filed with the Office of the Register of Wills of Bucks County, whose address is 55 E. Court Street, Doylestown, Pennsylvania, 18901, and whose telephone number is (215) 348-6265.

A copy of the Will or Petition may be obtained by contacting the Register of Wills and paying the charges for duplication.

Date \_\_\_\_\_

Capacity:  Personal Representative  Counsel

Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Name of Corporate Fiduciary

\_\_\_\_\_  
Name of Person Filing this Form

\_\_\_\_\_  
Name of Representative and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Officer/Representative

\_\_\_\_\_  
Signature of Person