

IF YOU CHOOSE TO ACT AS YOUR OWN ATTORNEY (PRO-SE)

WE HIGHLY RECOMMEND CONSULTING AN ATTORNEY REGARDING LEGAL MATTERS.

However, if you choose, you have the right to represent yourself.

Only an attorney in the Commonwealth of Pennsylvania is permitted to offer advice or an opinion regarding your legal matter. Anyone who is not an attorney who offers you advice or an opinion regarding your legal documents is engaging in the unauthorized practice of law (UPL).

No Register of Wills staff member is permitted **BY LAW** to offer advice or an opinion regarding your legal matter. They may not provide you with directions or suggestions on how to proceed with your case. No member of the staff is able to complete any forms for you. Should there be an error on a form you submit, the office will contact you about correcting the error. In some cases, the staff may not be able to explain the error or how to correct it as that may be considered giving legal advice.

Should you choose to represent yourself, you **MUST** research the legal rules that apply to your case. Be prepared to spend appropriate time gathering information, completing your documents and following Local & State Rules of Procedure.

If you choose to represent yourself, you should understand that you **MUST** follow the Pennsylvania Rules of Civil Procedure in order for the estate to be processed and your rights preserved. Raising an Estate, Intestate (without a will) or Testate (with a will) is a very complex process, and all rules apply, even if the situation seems to be a simple matter and the Estate does not involve a lot of assets. Failure to follow these rules may result in sanctions by the Commonwealth Court and/or penalties and interest fees from the Pennsylvania Department of Revenue.

This information regarding "REPRESENTING YOURSELF" is designed to help you to understand that procedures can often be complicated. It is not intended to provide legal interpretations or advice.

The staff of this office is not permitted to give legal advice. Ask any staff member about our Probate Assistance Program or reach out to the Monroe County Bar Association.

**Monroe County Bar Association
Find a Lawyer Program
913 Main Street
Stroudsburg, PA 18360
(570) 424-1340**



MONROE COUNTY REGISTER OF WILLS

PROBATE INSTRUCTIONS

Please visit our website for PDF downloads of all required forms

https://www.monroecountypa.gov/departments/register-of-wills/resources/documents_forms

Currently, Attorney representation is required for virtual probate. Please be sure you have access to a smart phone or computer with a camera if you are interested in taking advantage of virtual probate with your attorney.

IF YOU DO NOT HAVE AN ATTORNEY, YOU ARE NOT ELIGIBLE FOR A VIRTUAL APPOINTMENT

Please forward your request for approval of a virtual or in person probate to: probate@monroecountypa.gov. Once approved, you will receive an emailed request for the following documents:

1. Death Certificate
2. Decedent's Will (scanned copy of **original will** only)
3. **UNSIGNED** Completed Petition for Grant of Letters (please include estimated value of estate along with number of short certificates needed.)
4. Estate Information Sheet
5. Valid Photo ID of those being sworn in
6. Any additional documents necessary to proceed for probate (i.e. Renunciations, corresponding copies of Death Certificates, Affidavits, etc.)
7. E-mail addresses for Petitioner and Attorney (for virtual probates)

After acceptance and review of the documents requested, a clerk will set a VIRTUAL appointment or IN PERSON appointment to administer the oath.

All original documents MUST be submitted to our office. Pro Se Petitioners or those choosing an IN-PERSON appointment must bring all original documents and payment (checks made payable to the Register of Wills) with them at the time of their Appointment.

For virtual probates, please drop off the following documents at our office or mail via USPS first class mail (Priority Mail, UPS or FedEx with tracking is suggested)

- All original **SIGNED** probate documents
- Any original documents that were previously scanned to the office
- Probate payment (checks made payable to Register of Wills)
- Self-addressed stamped envelope for return of the documents

To: Register of Wills Office
ATTN: PROBATE DEPARTMENT
One Quaker Plaza, Room 106
Stroudsburg, PA 18360

Telephone Number: (570) 517-3347

Once original documents and payment are received and processed, the Grant of Letters, Short Certificates and associated documents will be issued and mailed to the attorney on record, if represented or returned in the Self-Addressed stamped envelope provided.

NO LEGAL ADVICE WILL BE GIVEN-INCLUDING FILLING OUT FORMS

PRO SE ESTATE CHECKLIST

To: Executors and Administrators who are administering a Decedent's Estate Pro Se
(without the help of Legal Counsel)

The following is a list of basic administrative duties that you are required to undertake as the Executor or Administrator of a decedent's estate. The list that follows is not all inclusive and may not include all of your duties. If you have any questions about these duties or whether you have completed all of the duties required for a proper administration of the decedent's estate, you should consult legal counsel. **The Register of Wills is not permitted to, and will not, give legal advice to you.** You are strongly urged to employ counsel to assist you in the administration of the decedent's estate.

1. Probate

In order to Probate (Open) the estate, you must submit to the Register of Wills:

- a Pro Se Affidavit (without paid legal counsel),
- Petition for Grant of Letters
- Estate Information Sheet
- Death Certificate,
- the original Will (if applicable),
- any original Codicils (if applicable),
- Renunciations (if applicable)
- Affidavits and Oaths (if applicable)

There are filing fees to open an Estate and for the Pro Se Affidavit. A fee schedule is included in this packet.

2. Advertisement of the Grant of Letters to you by the Register of Wills

Immediately after the Grant of Letters Testamentary or Administration to you by the Register of Wills, you are required to advertise the Grant of Letters in one newspaper published at or near the place where the decedent resided and in the Monroe County Legal Reporter once a week for three consecutive weeks. Advertisements may not be made until AFTER letters have been granted by the Register of Wills.

3. Obtain an Employer Identification Number (EIN)

It will be necessary to have an employer identification number (EIN) issued by the Internal Revenue Service for estates. The Internal Revenue Service can be found on- line where you can complete the form SS-4 to apply for this EIN.

4. Take Control of the Decedent's Assets

It is your obligation to gain care, custody and control of the assets of the decedent. In order to close out bank accounts and liquidate stocks and bonds, you will need what is called a "Short Certificate". This is a certification that you have been issued Letters Testamentary or Administration from the Register of Wills. These are available from the Register of Wills for a fee.

5. Pay the Debts of the Decedent

It is your obligation to pay all debts that were contracted by the decedent during his/her lifetime. This is one of your most important duties. Creditors can file claims against the assets of the estate if their claims are not paid in full.

6. Give Notice to Beneficiaries

Within three months of the grant of letters to you by the Register of Wills, you must give written notice of the opening of the estate to the surviving spouse of the decedent and all of the decedent's children (whether or not named in the will) and any other person having an interest in the decedent's estate as an heir or next of kin. The form of notice is prescribed by Orphans' Court Rule 10.5 and the form is included in this packet. You must also then file with the Register of Wills Certification of Notice showing all of the individuals to whom you've given notice. **It is imperative that you give notice and file the form with the Register of Wills within three months from the date of your appointment.**

7. Notification of the Department of Public Welfare and the Attorney General

If the deceased was 55 years of age or older and received Long Term Care (LTC) Medical Assistance (MA) benefits; then the personal representative of the recipient's estate shall give notice to the department requesting a statement of claim. A statement of claim is a combination of the amount paid to Community HealthChoices (CHC) and/or the amount of MA-funded nursing facility services, home and community-based services and related hospital and prescription drug services provided from the time the decedent was 55 years of age and thereafter.

The notice/letter shall be mailed or faxed, with the deceased's name, deceased's last known address, deceased's Social Security number, deceased's date of birth, deceased's date of death, and written documentation of the gross value of the deceased's estate to:

**Division of Third Party Liability
Department of Human Services Estate
Recovery Program
P.O. Box 8486
Harrisburg, PA 17105-8486
Fax # (717) 772-6553**

Please be sure to include the personal representative's name, address, and telephone number in the notice/letter so the estate recovery staff can respond.

Within 45 days of receipt of an accurate and complete notice/letter, the department must send to the personal representative of the estate, a statement of claim listing the amount of LTC MA paid. The department's claim will be forfeited if a statement of claim is not sent within the 45 day response period

If the decedent died **with a will** and there are any charitable beneficiaries listed in the will, Rule 10.5(a) (6) requires that within three months of the grant of letters to the personal representative written notice shall be sent to, "the Attorney General of the Commonwealth of Pennsylvania on behalf of any charitable beneficiary (i) which is a residuary beneficiary, including as a beneficiary of a residuary testamentary trust; (ii) whose legacy exceeds \$25,000; or (iii) whose interest in a legacy will not be paid in full".

8. Filing of Tax Returns and Payment of Tax

Within three months of the date of death, a prepayment of estimated inheritance taxes will result in a 5% discount. Payment is made to the Register of Wills, who acts as an agent for the Commonwealth of Pennsylvania.

Within nine months from the date of death, a Pennsylvania Inheritance Tax Return must be filed with the Register of Wills (you must file 2 copies – one to be sent to the PA Department of Revenue and one to be retained by the County Register of Wills). The return must be filed on forms provided by the Pennsylvania Department of Revenue and they are available on-line. They are also available from the Register of Wills. The tax that may be due is paid to the Register of Wills. The tax must be paid within nine months from the date of death. If the tax is not paid

within nine months from the date of death, interest will run on the tax due from that date. There are also civil and criminal penalties possible for failure to file the return and pay the tax. **NOTE** that there is a fee to file the inheritance tax return.

9. Filing an Accounting or Signing a Family Settlement Agreement.

Before distribution of the estate to heirs, you are required to either file an accounting with the Clerk of Orphans' Court of the county where the estate has been opened, or to enter into a Family Settlement Agreement between yourself as the Executor or Administrator and all heirs who have an interest in the estate. A Family Settlement Agreement is an informal manner of settling the estate but should not be used if there are unpaid creditors. **NOTE** that there are filing fees associated with the accounting and the family settlement agreement.

10. Distribution of Estate to Heirs.

Upon the filing and confirmation of an account or the execution by all parties in interest of a Family Settlement Agreement, the net estate remaining for distribution should be distributed to the heirs of the decedent. The net estate for distribution constitutes the assets of the decedent, less payment of the debts of the decedent to creditors, less the payment of Pennsylvania Inheritance Tax, and less any costs of administration that are paid. Included in the costs of administration are the costs payable to the Register of Wills. The costs payable to the Register of Wills must be paid to the Register.

11. Final Report of Conclusion of Estate.

When the administration of the estate is complete and distribution has been made to the heirs, you are required to file a report with the Register of Wills advising of the completion of the estate and the manner in which the estate was closed. The manner in which the estate was closed will either be by the filing of a final accounting or the signing of a Family Settlement Agreement. This is a Status Report required by Orphans' Court Rule 10.6.

**BEFORE THE REGISTER OF WILLS OF
MONROE COUNTY, PENNSYLVANIA**

Register of Wills Office

File No: _____

IN RE: Estate of _____, Deceased

AFFIDAVIT

By Pro Se Petitioner

I/We, _____

the undersigned duly appointed personal representative(s) for the above-captioned estate confirm that I/We intend to administer this estate "Pro Se" (without paid legal counsel) and take full responsibility for following all Pennsylvania Estate laws, Pennsylvania Rules of Court, and Pennsylvania Inheritance Tax regulations. I/We acknowledge receipt of an estate check list and agree that I/We shall perform all required duties and shall file all required documents on time without further notice. I/We acknowledge that we have received the following documents this date:

Estate Information Sheet
Petition for Grant of Letters
Notice of Estate Administration Under 10.5

Certification of Notice Under 10.5
Inventory
Rule 10.6 Status Report

DATE: _____

Executed in the Register's Office

Sworn to or affirmed and subscribed
before me this _____ day of

_____, _____

REV-346

BUREAU OF INDIVIDUAL TAXES
PO BOX 280601
HARRISBURG PA 17128-0601

ESTATE INFORMATION SHEET

FOR REGISTER'S OFFICE USE ONLY

County Code	Year	File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION I DECEDENT INFORMATION

Enter data as it will appear on all documents submitted to the Department.

Decedent's Social Security Number	Date of Death	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION II TYPE FILING

Fill in oval to indicate the nature of the return to be filed with the Department.

Probate Return Joint Assets Only Non-probate Assets Only Litigation Purposes (no other assets)

SECTION III LETTERS GRANTED

Fill in oval to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

Testamentary Administration No Letters Other (Please Explain.)

SECTION IV ATTORNEY/CORRESPONDENT INFORMATION

Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supreme Court I.D. #	Telephone Number	Attorney/ Correspondent's e-mail address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Line of Address			
<input type="text"/>			
Second Line of Address			
<input type="text"/>			
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION V PERSONAL REPRESENTATIVE INFORMATION

Enter all information for the personal representative(s) of the estate authorized by the Register of Wills.

Executor/Administrator Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Line of Address			
<input type="text"/>			
Second Line of Address			
<input type="text"/>			
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number			
<input type="text"/>			

Indicate additional personal representatives on reverse side.

OFFICIAL USE ONLY
TRANSACTION COUNT <input type="text"/>



REV-346 (EX) MOD 08-19 (FI)

Decedent's Social Security Number

Decedent's Name: _____

SECTION V PERSONAL REPRESENTATIVE INFORMATION cont.

Co-Executor/Administrator Last Name (if necessary) Suffix First Name MI

First Line of Address

Second Line of Address

City or Post Office State ZIP Code

Telephone Number

Second Co-Executor/Administrator Last Name (if necessary) Suffix First Name MI

First Line of Address

Second Line of Address

City or Post Office State ZIP Code

Telephone Number



Instructions for REV-346

Estate Information Sheet

REV-346 IN (EX) MOD 08-19

GENERAL INSTRUCTIONS

This form should be filed with the Register of Wills of the county of which the decedent was a resident at death.

Please be aware the correspondent identified will receive all correspondence from the department. It is the responsibility of the personal representative to notify the department if the correspondent contact information changes.

The department is authorized by law, 42 U.S.C. §405 (c)(2)(C)(i), to require disclosure of Social Security numbers in connection with administering state tax laws. The

department uses the Social Security number to identify the decedent and personal representatives of the estate. The Commonwealth may also use the information in exchange-of-tax-information agreements with federal and local taxing authorities. State law prohibits Commonwealth personnel from disclosing confidential tax information except for official purposes.

PETITION FOR GRANT OF LETTERS

REGISTER OF WILLS OF _____ COUNTY, PENNSYLVANIA

Petitioner(s) named below, who is/are 18 years of age or older, apply(ies) for Letters as specified below, and in support thereof aver(s) the following and respectfully request(s) the grant of Letters in the appropriate form:

Decedent's Information

Name: _____ **File No:** _____
 a/k/a: _____ **(Assigned by Register)**
 a/k/a: _____
 a/k/a: _____ **Social Security No:** _____

Date of Death: _____ **Age at death:** _____

Decedent was domiciled at death in _____ County, _____ (State) with his/her last principal residence at _____
 Street address, Post Office and Zip Code City, Township or Borough County

Decedent died at _____
 Street address, Post Office and Zip Code City, Township or Borough County State

Estimate of value of decedent's property at death:

If domiciled in Pennsylvania..... All personal property \$ _____
If not domiciled in Pennsylvania..... Personal property in Pennsylvania \$ _____
If not domiciled in Pennsylvania..... Personal property in County \$ _____
Value of real estate in Pennsylvania..... \$ _____
TOTAL ESTIMATED VALUE... \$ _____

Real estate in Pennsylvania situated at: _____
 (Attach additional sheets, if necessary.) Street address, Post Office and Zip Code City, Township or Borough County

A. Petition for Probate and Grant of Letters Testamentary

Petitioner(s) aver(s) he/she/they is/are the Executor(s) named in the last Will of the Decedent, dated _____ and Codicil(s) thereto dated _____

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

Except as follows: after the execution of the instrument(s) offered for probate Decedent did not marry, was not divorced, was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323(g), and did not have a child born or adopted; and Decedent was neither the victim of a killing nor ever adjudicated an incapacitated person.

NO EXCEPTIONS **EXCEPTIONS** _____

B. Petition for Grant of Letters of Administration (If applicable) _____
 c.t.a., d.b.n., d.b.n.c.t.a., pendente lite, durante absentia, durante minoritate

If Administration, c.t.a. or d.b.n.c.t.a., enter date of Will in Section A above and complete list of heirs.

Except as follows: Decedent was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323(g) and was neither the victim of a killing nor ever adjudicated an incapacitated person.

NO EXCEPTIONS **EXCEPTIONS** _____

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 (attach additional sheets, if necessary):

Name	Relationship	Address

Oath of Personal Representative

Official Use Only

COMMONWEALTH OF PENNSYLVANIA }
 } SS:
 COUNTY OF _____ }

Petitioner(s) Printed Name	Petitioner(s) Printed Address

The Petitioner(s) above-named swear(s) or affirm(s) 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, the Petitioner(s) will well and truly administer the estate according to law.

Sworn to or affirmed and subscribed before _____ Date _____
 me this ____ day of _____, _____ Date _____
 By: _____ Date _____
For the Register _____ Date _____

BOND Required: YES NO
FEES:

Letters \$ _____
 () Short Certificate(s). _____
 () Renunciation(s). _____
 () Codicil(s). _____
 () Affidavit(s). _____
 Bond. _____
 Commission. _____
 Other _____

 Automation Fee. _____
 JCS Fee. _____
TOTAL. \$ _____

To the Register of Wills:
Please enter my appearance by my signature below:

Attorney Signature: _____

Printed Name: _____
Supreme Court
ID Number: _____

Firm Name: _____
 Address: _____

Phone: _____
 Fax: _____
 Email: _____

DECREE OF THE REGISTER

Estate of _____ **File No:** _____
 a/k/a: _____

AND NOW, _____, _____, in consideration of the foregoing Petition, satisfactory proof having been presented before me, **IT IS DECREED** that Letters _____ are hereby granted to _____ in the above estate and (if applicable) that the instrument(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

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 Number _____

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 _____
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 _____

The Register's address is _____,
and telephone number is _____.

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 Representative and Title

Address

Telephone

Email

Signature of Officer/Representative

Name of Person

Address

Telephone

Email

Signature of Person

CERTIFICATION OF NOTICE UNDER Pa. O.C. Rule 10.5

REGISTER OF WILLS

Name of Decedent: _____

Date of Death: _____ File Number: _____

Date Letters Granted: _____

To the Register:

I certify that Notice of Estate Administration required by Pa. O.C. Rule 10.5 of the Orphans' Court Rules was served on or mailed to the following beneficiaries of the above-captioned estate on _____, _____:

Name:

Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more space is needed, attach separate sheet.)

Notice has now been given to all persons entitled thereto under Pa. O.C. Rule 10.5 except:

Date _____

Capacity: Personal Representative Counsel

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Signature of Officer/Representative *Form*

Signature of Person

INVENTORY REGISTER OF WILLS OF

File Number _____

The undersigned, _____, Personal Representative(s) of the Estate of _____ deceased, depose(s) and say(s) that the items appearing in the following Inventory include all of the personal assets wherever situated and all of the real estate in the Commonwealth of Pennsylvania of said Decedent, that the valuation placed opposite each item of said Inventory represents its fair value as of the date of Decedent's death, and that Decedent owned no real estate outside of the Commonwealth of Pennsylvania except that which appears in a memorandum at the end of this Inventory.

I verify that the statements made in this Inventory are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Representative and Title

Signature of Officer/Representative

Signature of Personal Representative

Signature of Personal Representative

Date

(Supreme Court I.D.#) _____

Attorney -- (Name) _____

(Name of Law Firm) _____

(Address) _____

(Telephone) _____

(Email) _____

DATE OF DEATH	LAST RESIDENCE	DECEDENT'S SOC. SEC. NO.
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FIGURES MUST BE TOTALED

(Attach additional sheets as needed)

TOTAL:

NOTE: The Memorandum of real estate outside the Commonwealth of Pennsylvania may, at the election of the personal representative, include the value of each item, but such figures should not be extended into the total of the Inventory. (See 20 Pa. C.S. § 3301(b))

Pa. O.C. Rule 10.6 STATUS REPORT

REGISTER OF WILLS OF

Name of Decedent: _____

Date of Death: _____ File Number: _____

Pursuant to Pa. O.C. Rule 10.6, I report the following with respect to completion of the administration of the above-captioned estate:

1. State whether administration of the estate is complete: Yes No

2. If the answer is No, state when the personal representative reasonably believes that the administration will be complete:

3. If the answer to No. 1 is YES, state the following:

a. Did the personal representative file a final account with the Court? Yes No

b. The separate Orphans' Court No. (if any) for the personal representative's account is:

c. Did the personal representative state an account informally to the parties in interest? Yes No

d. Copies of receipts, releases, joinders, and approvals of formal or informal accounts may be filed with the Clerk of the Orphans' Court or may be attached to this report.

Date _____

Capacity: Personal Representative Counsel

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Person

Name of Representative and Title

Address

Address

Telephone

Telephone

Email

Email

Signature of Officer/Representative

Signature of Person

**REGISTER OF WILLS
OF MONROE COUNTY**

ONE QUAKER PLAZA, ROOM 106
STROUDSBURG, PA 18360
(570) 517-3359 FAX (570) 517-3873

REGISTER & RECORDER
KATE BEST

SOLICITOR
JASON R. COSTANZO, ESQ.

**FEE BILL
EFFECTIVE NOVEMBER 17, 2025**

JCS FEE ON ALL NEWLY OPENED ESTATES _____ \$ 41.25
AUTOMATION FEE ON ALL NEWLY OPENED ESTATES _____ \$ 5.00

LETTERS OF ADMINISTRATION

1,000 to 4,999 _____ \$ 40.00
5,000 to 9,999 _____ \$ 50.00
10,000 to 19,999 _____ \$ 60.00
20,000 to 29,999 _____ \$ 70.00
30,000 to 39,999 _____ \$ 80.00
40,000 to 49,999 _____ \$ 90.00
50,000 to 74,999 _____ \$100.00
75,000 to 100,000 _____ \$110.00
Each additional \$100,000 or fraction there of _____ \$ 50.00

LETTERS TESTAMENTARY

Estates not exceeding \$1,000.00 (Single page Will) _____ \$ 30.00
Each additional page of Will _____ \$ 3.00
Codicil – (single page) _____ \$ 20.00
Each additional page of Codicil _____ \$ 3.00
1,000 to 4,999 _____ \$ 40.00
5,000 to 9,999 _____ \$ 50.00
10,000 to 19,999 _____ \$ 60.00
20,000 to 29,999 _____ \$ 70.00
30,000 to 39,999 _____ \$ 80.00
40,000 to 49,999 _____ \$ 90.00
50,000 to 74,999 _____ \$ 100.00
75,000 to 100,000 _____ \$ 110.00
Each additional \$100,000 or fraction there of _____ \$ 50.00

Issuing Letters DBN or DBNCTA (no additional assets) _____ \$ 15.00

PLEASE NOTE

An additional probate fee will be charged when the Inventory or Inheritance Tax Return is filed and the assets are higher than that listed on the petition.

REGISTER OF WILLS FEE BILL

Page 2

Short Certificates_____	\$ 5.00
Renunciations (each)_____	\$ 10.00
Bond (where required)_____	\$ 10.00
Receipt, Release and Refunding Bond (each)_____	\$ 15.00
Family Settlement Agreement_____	\$ 50.00
Commission to take affidavits (includes mailings sent certified)_____	\$ 60.00
Taking affidavits of witnesses or personal representative for documents filed in another county_____	\$ 15.00
Filing and entering Caveat_____	\$ 15.00
Caveat Bond_____	\$ 10.00
Filing Citation and other papers requiring potential hearings_____	\$ 15.00
Subpoena_____	\$ 10.00
Fee for scheduling of Hearing_____	\$250.00
Filing certified/Exemplified Copies of Letters of Administration/Letters Testamentary _____	\$ 60.00
Issuing Exemplified copies of instruments_____	\$ 60.00
Affidavit of Foreign Fiduciary_____	\$ 10.00
Issuing certified copies of instruments_____	\$ 30.00
Certified copy of instruments when customer has made copies_____	\$ 10.00
Filing other documents not specifically noted above_____	\$ 10.00
Filing Proof of Publication_____	\$ 2.00

NOTE

Any potential hearings will require a \$250.00 for transcript fee and office fee including postage and copying.

INHERITANCE TAX FEE BILL

Filing Inheritance Tax Return (must be in duplicate)_____	\$25.00
Fee applicable to insolvent and supplemental tax returns	
Inventory & Appraisement_____	\$25.00
Each additional page_____	\$ 3.00
Certified copy of Payment of Inheritance Tax_____	\$15.00

NOTE

Please be advised that the first page of the Inventory filing fee is paid at time of probate; if Inventory is filed with more than one page each additional page has a fee of \$3.00 per page.