

JUDITH MOSER, M.S.
REGISTER OF WILLS & CLERK OF ORPHANS' COURT
BUTLER COUNTY, PENNSYLVANIA

GUARDIAN AND TRUST ACCOUNTS
FILING INFORMATION SHEET

1. Guardian and Trust Accounts file White original only.
2. **MUST HAVE ORIGINAL SIGNATURES & NOTARY**
3. The following **requisite inserts must be filed IF DISTRIBUTION IS BEING MADE:**
 - a. **NOTICE OF SERVICE** (*may be photocopy*)
 - b. **AFFIDAVIT OF SERVICE OF NOTICE** (*must be NOTARIZED ORIGINAL*)
Must have names, dates, type of service, etc.
 - c. **CERTIFICATION OF A/NO CHARITABLE INTEREST***
***Per Attorney General** - For charitable interests over \$25,000 OR any that cannot be paid in full, a 15-day notice to Attorney General must be given **PRIOR TO FILING** an account. Proof of same must be attached to Certification and *before presentation to Court*, a copy of Attorney General's response must be received by Clerk of Orphans' Court.
 - d. **COPY OF TRUST** (*if applicable*)
4. **ACCOUNT MUST HAVE ATTORNEY'S SIGNATURE**
Please include **TYPED** ATTORNEY NAME, ADDRESS, PHONE, & ID# below signature
5. **All information must be completed on front & back of Account.**
Any extra pages (*excluding the requisite insert forms*) will be charged.
Computerized accountings may be inserted into front & back covers. (*charged @ \$2 per page*)
6. **FILING FEES:**

FINAL ACCOUNT	\$125.
EXTRA PAGES OF ACCOUNTING	2.
REAL ESTATE DECREE (in duplicate)	10.
<u>(BACKS MUST BE COMPLETED)</u>	
7. Checks may be made payable to "**REGISTER OF WILLS**"
8. **PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED ENVELOPE FOR CONFIRMATION NOTICE**

**IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

OC NUMBER _____ OF _____

The _____ and _____ ACCOUNT of

the duly appointed Guardian(s) / Trustee(s) of the estate of _____

Account stated to: _____

INSTRUCTIONS: To comply with Supreme Court Rule, Section 6, Rule 1: Account must show dates of all receipts and disbursements, the source of all receipts, the names of all persons to whom disbursements are made and the purpose thereof; items of ADMINISTRATION, DISTRIBUTION, PRINCIPAL, and INCOME must be stated separately; the assets held by the Accountant on the date of filing and the Account must be separately itemized. See Purdon's Pennsylvania Forms Volume 6, page 293 (20 Pa. C.S. 320-701, Form 12) for suggested division and subdivision headings. Add additional sheets as needed. Any form held to be within the guidelines for accounts as published in the PA RULES OF COURT and inclusive of local Rule requirements will be accepted for filing.

SUMMARY

	Receipts	Disbursements	Balance
Schedule A: PERSONALTY PRINCIPAL	_____	_____	_____
Schedule B: PERSONALTY INCOME	_____	_____	_____
Schedule C: REAL ESTATE PRINCIPAL	_____	_____	_____
Schedule D: REAL ESTATE INCOME	_____	_____	_____
BALANCE ON HAND FOR DISTRIBUTION			\$ _____

SCHEDULE OF DISTRIBUTION

See Attached Page (if there is any distribution)

Filed this _____ day of _____,
_____, _____.

NOW, _____, _____

it appearing that proper notice has been given, the Court hereby confirms

Ni Si this Account.

By the Court

Judge

JUDITH MOSER, MS
Register of Wills & Clerk of Orphans' Court
My Commission Expires First Monday, January, 2012.

**IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE:

:
:
:

OC NO: _____

NOTICE

Attached is a true and correct copy of the Court Accounting of _____
_____, Guardian(s) / Trustee(s) for the
Estate/Person of the above-named individual, that will be filed with the Clerk of Orphans' Court, Butler
County, Pennsylvania on or before _____, and will be presented to the
Court for Confirmation *Nisi* on _____. Also **attached hereto is a Statement of
Proposed Distribution and a copy of the Will (if any).**

**UNLESS WRITTEN OBJECTIONS OR EXCEPTIONS TO THE ACCOUNTING OR PROPOSED
DISTRIBUTION ARE FILED IN ACCORDANCE WITH THE PA RULES OF COURT ON OR
BEFORE _____, THE COURT MAY CONFIRM THE
ACCOUNT/PROPOSED DISTRIBUTION ABSOLUTE.**

Dated this _____ day of _____, _____.

Accountant Signature

Attorney of Record Signature

Address

Address

PROPOSED
SCHEDULE OF DISTRIBUTION

**SCHEDULE A:
PERSONALTY PRINCIPAL**

Date	Source / Payee & Purpose	Receipts	Disbursements	Balance
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**SCHEDULE B:
PERSONALTY INCOME**

Date	Source / Payee & Purpose	Receipts	Disbursements	Balance
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**SCHEDULE C:
REALTY PRINCIPAL**

Date	Source / Payee & Purpose	Receipts	Disbursements	Balance
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**SCHEDULE D:
REALTY INCOME**

Date	Source / Payee & Purpose	Receipts	Disbursements	Balance
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AFFIDAVIT OF GUARDIAN(S) / TRUSTEE(S)

Personally came _____
duly appointed Guardian(s) / Trustee(s), the within named Accountant(s), who being duly sworn say(s) that the foregoing is a just and true accounting of the settlement of the goods, chattels, and credits of the estate of _____

Sworn to and Subscribed before me this _____
_____ day of _____,
A.D. _____.

_____(seal)

Notary Public

Expiration Stamp

CERTIFICATE OF ATTORNEY

AND NOW, this _____, I, the undersigned Attorney, hereby certify that the within Account was substantially prepared by me; that I have personal knowledge of the matters and things herein contained; and that the same is correct and in the form required by law and local Rules.

Signature _____
Name _____
Address _____

I.D. NO: _____
Phone _____
Fax: _____