

PETITION TO REGISTER/ FILE WILL ONLY
 REGISTER OF WILLS OFFICE
 GREENE COUNTY, PENNSYLVANIA

Petitioner(s), _____, who is /are 18 years of age or older, petitions to register/file the Last Will of the decedent named below, and in thereof aver(s) the following:

Decedent's Information

Name: _____ File No. _____
 a/k/a: _____ (Assigned by Register)
 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 resident 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

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

Petition to Register / File Will Only

Date of the Will: _____ and Codicil(s) thereto dated _____
 Will presented on behalf of:

Name/Company	address	phone number	relationship
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OATH OF PETITIONER

COMMONWEALTH OF PENNSYLVANIA } SS:
 COUNTY OF GREENE }

Petitioner(s) Printed Name / Company	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 best of the knowledge and belief.

Sworn to or affirmed and subscribed before	Date _____
this _____ day of _____	Date _____
By: _____	Date _____
<i>Register</i>	

DECREE OF THE REGISTER

Estate of _____ Date of Death: _____
a/k/a _____ Social Security no.: _____

AND NOW, _____, in consideration of the foregoing Petition,
Satisfactory proof having been presented before me, IT IS DECREED that the instrument(s)
dated _____ described in the Petition be Registered/Filed of record as the last Will
(and Codicil (s)) for the Decedent.

Register of Wills, Greene County, PA

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

FEES:

WILL.....\$ _____
CODICIL.....\$ _____
ADD'L PAGES.....\$ _____
.....\$ _____
.....\$ _____
TOTAL.....\$ _____

Attorney Signature:	_____
Printed Name:	_____
Supreme Court	
ID Number:	_____
Firm Name:	_____
Address:	_____ _____ _____
Phone:	_____
Email:	_____