

**ORPHANS' COURT DIVISION
COURT OF COMMON PLEAS OF PHILADELPHIA**

No.....of.....20.....

Estate of....., an Incompetent

Sur Account of....., Guardian

STATEMENT OF PROPOSED DISTRIBUTION

The petition of _____ respectfully represents:

1..... was adjudicated an Incompetent, by Decree of....., on..... 20....., and was appointed Guardian of said Incompetent's estate.

2. The reason or purpose of filing this account is:

(If incompetent has died, state date of death, name and address of personal representative, and of his counsel. If incompetent has been adjudged competent, state date of decree. If account is filed because of death, resignation, etc., of guardian, or for any reason other than noted, state address of incompetent.)

3. There are no questions known to the accountant which requires adjudication, except:

4. (A) Notice of the Audit has been given to the following claimants who have been presented claims to the Guardian:

Claimant	Nature Admitted	Amount
	Not Admitted	

(Continue on reverse side. Attach additional sheets, if necessary.)

(B) Notice of the Audit and of the question which require adjudication has been given to the following persons whose interest in the estate and relationship to the incompetent are set forth hereunder:

Copies of notices given under A. and B. are presented herewith.

(If any person are minors or incompetents, so indicate, stating name of guardian and how appointed. If no guardian, notice must be given to minors over the age of 14, and to their nearest kin.)

(5) Wherefore your petitioner asks that distribution be awarded as follows:

(Petitioner)

(If distribution is to be made to a personal representative, attach copy of letters.)

Commonwealth of Pennsylvania }
County of Philadelphia } ss

..... being duly sworn according to law,
deposes and says that he is
of the above named
and that the facts set forth in the foregoing petition which are within the personal knowledge of the deponent are true, and as to facts based on the information of others, the deponent, after diligent inquiry, believes them to be true.

Sworn to and subscribe before me }
this....., day of }
....., 20..... }

.....
.....
.....
(Attorney for Petitioner and I.D. No.)

.....
.....
.....
(Office Address-Postal Zone)

.....
(Telephone Number)