

**CHESTER COUNTY ORPHANS' COURT CHECKLIST - SCHEDULE OF DISTRIBUTION**

Decedent's/Settlor's/Principal's/Incapacitated Person's/Minor's Name:

Case Number:

Audit Date:

Attorney:

Attorney Address:

Attorney ID Number:

Attorney Phone Number:

**\*\*\*DOCUMENTS MUST BE ASSEMBLED ACCORDING TO THE ORDER ON THIS CHECKLIST\*\*\***

Preparer (✓if provided)	Documents	Auditor
	1. Schedule Signed by <u>ALL</u> Fiduciaries	
	2. Schedule Certified by Attorney to be True and Correct and in Conformity with Adjudication	
	3. Approvals of <u>ALL</u> Beneficiaries	
	<b><u>OR</u></b>	
	1. Copy of Notice of Filing Schedule of Distribution	
	2. Proof of Service of Sending Notice of Filing of Schedule of Distribution	