

CHESTER COUNTY ORPHANS' COURT CHECKLIST - SCHEDULE OF DISTRIBUTION

Decedent's/Settlor's/ Incapacitated Person's/Minor's Name (include any "a/k/a"):

Estate/Trust No.

Audit No.:

Audit Date:

Attorney:

Attorney Address:

Attorney ID No.:

Attorney Telephone No.:

A Backer is not required by Local Rules but would be appreciated.

Accountant	Item	Auditor
	Schedule Signed by <u>ALL</u> Fiduciaries	
	Schedule Certified by Attorney to be True and Correct and in Conformity with Adjudication	
	Approvals of <u>ALL</u> Beneficiaries	
	<u>OR</u>	
	Copy of Notice of Filing Schedule of Distribution	
	<u>AND</u>	
	Affidavit of Sending Notice of Filing of Schedule of Distribution	

ALL OF THE ABOVE ITEMS MUST BE ORIGINALS, EXCEPT AS OTHERWISE INDICATED