

NOTICE OF CLAIM

Filed Pursuant to 20 Pa.C.S. § 3532

COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA ORPHANS' COURT DIVISION

Estate of: _____, Deceased

File # _____

To the Clerk of the Orphans' Court Division:

Enter the claim of _____
Claimant

in the amount of \$ _____, against the above entitled Estate.

The Decedent, who resided at _____,
Address

died on _____.
Date of Death

Written notice of said claim was given to _____
Personal Representative or Attorney

at _____ on _____
Address Date

Claimant

Street Address

City, State, Zip

Claimant's Counsel Supreme Court I.D.#

Street Address

City, State, Zip

Telephone

**\$20.00 filing fee payable to
Clerk of the Orphans' Court at time of filing.**

Hand-deliver or mail to:

**Clerk of the Orphans' Court
Chester County Justice Center
201 W. Market Street, Suite 2200
P.O. Box 2746
West Chester, PA 19380-0989**