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

	R WILL OF	
or TRUST UNDER DEED OF	DATED	
No		
STATEMENT	ION FOR ADJUDICATION / I OF PROPOSED DISTRIBUTION UANT TO Pa. O.C. Rule 6.9	
	TRUST	
This form may be used in all cases in riders may be attached.	evolving the Audit of Trust Accounts. If space is insufficient,	
INCLUDE ATTACH	IMENTS AT THE BACK OF THIS FORM.	
Name of Counsel:		
Name of Law Firm:		
Address:		
Fax:		
1. Name(s) and address(es) of Petiti	oner(s):	
Name	Address	
2. Check if any of the following issue A. Appointment of Trustee	es are involved in this case:	
B. Interpretation		
C. Discharge of Trustee		
D. Transfer of Situs		
E. Appointment of <i>Ad Litem</i>		

	F. Minor, Unborn or Unascertained Beneficiary(ies)
	G. Principal Distribution
	H. Partial/Full Termination of Trust
	I. Missing Beneficiary(ies)
	J. Cy Pres
	K. Williamson Issue*
	L. Other Issues
	List:
	letailed explanation of issues checked should be set forth at item 13 below. See Williamson Estate, 368 Pa. 343, 82 A.2d 49 (1951), if Trustee was also Executor of the settlor/decedent's estate and received commissions in such capacity.
3.	Testamentary Trust:
	Decedent's date of death: Date of Decedent's Will:
	Date(s) of Codicil(s): Date of probate:
	Or Inter Vivos Trust:
	Date of Trust: Date(s) of Amendment(s):
4.	A. If any other Court has taken jurisdiction of any matter relating to this Trust, explain:
	B. Identify all prior accountings and provide dates of adjudication:
5.	A. State how each Trustee was appointed:
	B. If a Petitioner is not a Trustee, explain:
6.	State how and when the present fund was awarded to Trustee(s):
7	Period covered by accounting: to

	Current fair market value oage of A			(See
9. S	state concisely the dispo	sitive provisions of the Tru	ist:	
10.	Explain the reason for filing this Account (if filed because of the death of a party, state name of person, relationship to Trust and date of death):			
11.	. State why a Petition for Guardian/Trustee <i>Ad Litem</i> has or has not been filed for this Audit (see Pa. O.C. Rule 12.4):			
12.	2. A. State the amount of Pennsylvania Transfer Inheritance Tax and Pennsylvania Estate Ta paid (including postponed tax on remainder interests), the dates of payment and the interest upon which such amounts were paid:			
Date	2	Payment	Interest	
	B. If any such taxes re	main unpaid or are in dispu	ite, explain:	
13.			d state the position of Petitioner	

- 14. Written notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest listed in item 15 below. In addition, notice of any questions requiring Adjudication as discussed in item 13 above has been or will be given to all persons affected thereby.
 - A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such notice.
 - B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit together with a statement executed by Petitioner(s) or counsel certifying that such Notice has been given.
 - C. If any such party in interest is not *sui juris* (*e.g.*, minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.
 - D. If any charitable interest is involved, Notice of the Audit has been or will also be given to the Attorney General as required under Pa. O.C. Rule 5.5. In addition, the Attorney General's clearance certificate (or proof of service of Notice and a copy of such Notice) must be submitted herewith or at the Audit.
- 14. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the Trust, whether such interest is vested or contingent, charitable or non-charitable. This list shall:
 - A. State each party's relationship to the Settlor/Decedent and the nature of each party's interest(s).

Name and Address of Each Party in Interest	Relationship and Comments, if any	Interest
	, , , , , , , , , , , , , , , , , , ,	

B. Identify each party who is not <i>sui juris</i> (e.g., minors or incapacitated persons). For each				
such party, give date of birth, the nar	me of each Guardian and how each Guardian was			
appointed. If no Guardian has been a	ppointed, identify the next of kin of such party,			
giving the name, address and relation	giving the name, address and relationship of each.			
C. If distribution is to be made to the pe	2. If distribution is to be made to the personal representative of a deceased party, state date			
of death, date and place of grant of Letters and type of Letters granted.				
16. If Petitioner(s) has/have knowledge that	a Trust share has been assigned or attached, provide			
a copy of the assignment or attachment, together with any relevant supporting				
	documentation.			
documentation.				
17. If a trustee's principal commission is cla	imad:			
17. If a trustee's principal commission is cla	inica.			
A. If based on a written agreement, attac	ch a copy thereof			
	, state amount.			
•	, state the amounts and dates of any principal			
commissions previously paid in prior				
Amount	Date Paid			
2 imount	Duc I uu			
10 16	1			
18. If a reserve is requested, state amount and purpose.				
Amount:				
Purpose:				

If a reserve is requested for counsel fees, has notice of the amount of fees to be paid from the				
reserve been given to the parties in interest? Yes No				
If so, attach a copy of the notice.				
19. Is the Court being asked to direct the filing of a Schedu	le of Distribution?			
☐Yes ☐ No				
Wherefore, your Petitioner(s) ask(s) that distribution be	e awarded to the parties entitled and			
suggest(s) that the distributive shares of income and princip	oal (residuary shares being stated in			
proportions, not amounts) are as follows:				
Income:				
Proposed Distributee(s)	Amount/Proportion			
Principal:				
Proposed Distributee(s)	Amount/Proportion			
Submitted By: (All petitioners must sign. Add additional lines if necessary):				
Name of Petitioner				
Name of Petitioner				

Form OC-02 rev 10.13.06 www.buckscounty.org Rev. 08/10

Verification of Petitioner

(Verification must be by at lea	st one petitioner.)	
The undersigned hereby verifie	es * [that he/she is	(title) of the above-
named	(name of corporation) &	and] that the facts set forth in the
foregoing Petition for Adjudica	ation / Statement of Proposed I	Distribution which are within the
personal knowledge of the Peti	tioner are true, and as to facts	based on the information of others,
the Petitioner, after diligent inq	juiry, believes them to be true;	and that any false statements herein
are made subject to the penaltic	es of 18 Pa.C.S. § 4904 (relatir	ng to unsworn falsification to
authorities).		
* Corporate petitioners must comple	ete bracketed information.	Signature of Petitioner
	Certification of Counsel	I
The undersigned counsel hereb	by certifies that the foregoing P	Petition for Adjudication/
Statement of Proposed Distribu	ation is a true and accurate repr	roduction of the form Petition
authorized by the Supreme Cou	urt, and that no changes to the	form have been made beyond the
responses herein.		
		Signature of Counsel for Petitioner