

FORM 93 – O.C. DIVISION

**IN THE COURT OF COMMON PLEAS
OF
ALLEGHENY COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: ESTATE

OF

No. _____ of _____

(Deceased)

CLAIM

To the Department of Court Records, Wills/Orphans' Court Division:

Index and make proper entry in your official records of the claim of _____

(Claimant)

in the amount of \$ _____ against the estate of the above named decedent.

This claim is filed under Section 3532 (b) (2) of the Probate, Estates and Fiduciaries Code.

The said decedent, who resided at _____, died on
(Address)

_____.

Written notice of this claim was given to _____

_____ on
(Personal representative, if any, or counsel)

_____ , _____.

(Claimant)

(Claimant's Address)

IN RE: ESTATE OF

Deceased

No. _____ of _____

Claim _____

Fee \$ _____

Filed _____

Attorney