IN THE OFFICE OF THE REGISTER OF WILLS IN AND FOR ADAMS COUNTY, COMMONWEALTH OF PENNSYLVANIA

IN RE:		:
THE ESTATE OF		: :
		: :
	AFFIDAVIT AND RI	ELEASE OF BENEFICIARY
The under	rsigned swears and affirms as follow	WS:
1.	I am a beneficiary of the above re residuary legatee.	ferenced estate, being either the sole heir or a
2.	I am of legal age and full legal ca	pacity.
3.	3. I am familiar with the contents of the Petition for Letters filed in this case and with seeking Letters Testamentary or Administration in the above estate.	
4.		
5.	•	
		Signature
		Beneficiary (Print Name)
		Address
		City, State, Zip Code
Sworn to	and subscribed before me this	
	day of, 20	_
(Deputy)	Register of Wills or Notary Public	_

Notes:

This form is effective only if all beneficiaries of the estate are of full legal age and full legal capacity and each such beneficiary executes an individual affidavit.