

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

IN RE: :
THE ESTATE OF :
: File No. 67 -
:

AFFIDAVIT AND RELEASE OF BENEFICIARY

The undersigned swears and affirms as follows:

1. I am a beneficiary of the above referenced estate.
2. I am of legal age and of full legal capacity.
3. I am familiar with the contents of the Petition for Letters filed in this case and with the petitioners seeking Letters Testamentary or Administration in the above estate.
4. I agree that the petitioner(s) may be appointed to serve as personal representatives of the estate without the requirement of posting bond to protect my interests as a beneficiary of the estate, which would otherwise be required.
5. I hereby release the Register of Wills and his deputies and agents from any claim arising from the Register issuing letters to the petitioner(s) without requiring bond, under 20 PA. C.S. Section 3172 or other applicable law.

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

Note: This form is effective only if all beneficiaries of the estate are of full legal age
And full legal capacity and all such beneficiaries execute this affidavit.