

Estate Of: _____ Estate No: _____

ELECTION OF PERSONAL REPRESENTATIVE FOR MODIFIED ADMINISTRATION

1. I elect Modified Administration. This estate qualifies for Modified Administration for the following reasons:

- (a) The decedent died on _____ ☐ with a will or ☐ without a will.
- (b) This Election is filed within 3 months from the date of my appointment which was on _____.
- (c) ☐ All residuary legatees named in the will or ☐ all heirs of the intestate decedent are limited to:
☐ The personal representative, ☐ a surviving spouse, ☐ children of the decedent.
- (d) Consents of the persons referenced in 1(c) are ☐ filed herewith or ☐ were previously filed.
- (e) The estate is solvent and the assets are sufficient to satisfy all specific legacies.
- (f) Final distribution of the estate can be made within 12 months after the date of my appointment.

2. Property of the estate is briefly described as follows:

<u>Description</u>	<u>Estimated Value</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. I acknowledge that I must file a Final Report Under Modified Administration no later than 10 months after the date of appointment and that, upon request of any interested person, I must provide a full and accurate Inventory and Account to all interested persons.
4. I acknowledge the requirement under Modified Administration to make full distribution within 12 months after the date of appointment and I understand that the Register of Wills and Orphans' Court are prohibited from granting extensions under Modified Administration.
5. I acknowledge and understand that Modified Administration shall continue as long as all the requirements are met.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief.

Attorney

Personal Representative

Address

Personal Representative

Address

Personal Representative

Telephone Number