ORPHANS' COURT DIVISION
COURT OF COMMON PLEAS OF PHILADELPHIA

***Estate of*_____**

TO THE AUDITING JUDGE: _____day of_____20_____

Enter my appearance for:

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N.B.-COUNSEL FOR THE ACCOUNTANT will state any additional debits and credits.
OTHER COUNSEL will make a concise statement of their claim, the amount thereof and calculation of interest if claimed.

(COUNSEL ACTUALLY PRESENT, KINDLY SIGN AND ALSO PRINT
YOUR NAME, ADDRESS, POSTAL ZONE, AND TELEPHONE NUMBER)