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

20 -X

ESTATE OF [ ],
AN ALLEGED INCAPACITATED PERSON

AFFIDAVIT OF SERVICE ON HEIRS AND INTERESTED PARTIES

I, *(name of person making service),* hereby verify that on *(date)*, I personally sent by first class mail to the address indicated below of a copy of the Citation with Notice, Preliminary Decree and the Petition for Adjudication of Incapacity upon each of the following (name and address of each person served):

I make these statements subject to the penalties of 18 PA C.S.A. §4904 relating to unsworn falsification to authorities.

_____
Signature

Name:

Address:

Telephone Number:

Email Address:

Date: