

IN THE OFFICE OF THE CLERK OF JUDICIAL RECORDS  
OF LEHIGH COUNTY, PENNSYLVANIA  
REGISTER OF WILLS DIVISION

In re: Estate of \_\_\_\_\_

File No. \_\_\_\_\_

Deceased

**PAYMENT ON ACCOUNT\***

1. Date of Payment \_\_\_\_\_
2. Amount of Payment \_\_\_\_\_
3. Postmark date \_\_\_\_\_
4. Date of Death \_\_\_\_\_
5. Attorney \_\_\_\_\_  
I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_
6. Taxpayer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_
7. Signature \_\_\_\_\_  
Attorney or Taxpayer

\*If no estate has been raised, a death certificate is required with this form. The Register of Wills will issue a file number upon receipt of payment.