Approved, SCAO JIS CODE: ACC FILE NO. STATE OF MICHIGAN ACCOUNT OF FIDUCIARY, LONG FORM **PROBATE COURT COUNTY OF** Number AMENDED In the matter of. In a quardianship or conservatorship, the ward's or protected individual's current address and telephone number are: $_{\scriptscriptstyle -}$, am the $_{\scriptscriptstyle \overline{}$ 1. I, Name of the estate and submit the following as my account, which covers the period from Month, day, year to _______Month, day, year _ (may not exceed 12 months). 2. SUMMARY Balance on hand from last account, or value of inventory if first account \$ _____\$ Add income in this accounting period (Total from Schedule A.) \$_____\$ Total assets accounted for\$ _____\$ If additional sheets are required for Schedule A or B, place all itemization on those sheets and include only category totals on the schedules below. SCHEDULE B: Expenses, losses, and other disbursements, SCHEDULE A: Income and gain in this accounting period including distributions to devisees and beneficiaries Investment loss Investment gain Disposition gain, if any, from Schedule C Disposition loss, if any, from Schedule C **Total Income** Total Expense, Loss, and Gain and Disbursement (SEE SECOND PAGE) USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

30111			position of assets		
DESCRIPTION	DATE ACQUIRED	DATE SOLD/DISPOSED	VALUE AT TIME ACQUIRED BY FIDUCIARY	PROCEEDS OF SALE/ DISPOSITION	GAIN (LOSS)
			FIDOGIANT		
TOTAL GAIN (LOSS) If gain, transfer to Schedule A. If					
SCHI			naining at end of acc	• .	
BALANCE OF ASSETS RE NOTE: In guardianships and con you must present to the court copies of which must reflect the value of all I	servatorships, exc of corresponding fin	cept as provided be ancial institution state	by MCR 5.409(C)(4), rements or you must file w		
The interested persons, add except as follows: (For each		•			
 4. This account lists all income 5. This account is not being 6. My fiduciary fees incurred accounting period) are \$ 7. Attorney fees incurred du accounting period) are \$ I declare under the penalties of information, knowledge, and bel 	ifiled with the co d during this account uring this account perjury that this a	ourt. Dounting period (in Attached ting period (included) Attached	cluding fees that have is a written descriptio ding fees that have alr is a written descriptio	already been approve n of the services perfo eady been approved a n of the services perfo	ed and/or paid for this ormed. and/or paid for this ormed.
			Date		
Attorney signature			Fiduciary signature		
Attorney name (type or print)		Bar no.	Fiduciary name (type or p	print)	
Address			Address		
City, state, zip		Telephone no.	City, state, zip		Telephone no.
(For accounts that must be filed with the court's	,		ESTED PERSONS	ant in quardianchine o	nd concervatorships

SCHEDIII E.C.: Gain and loss on disposition of assets. (Heapply if peeded.)

- You must bring to the court's attention any objection you have to this account. Except in guardianships and conservatorships, the court does not normally review the account without an objection.
- 2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
- 3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310[C].)
- 4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
- 5. You must serve the objection on the fiduciary or his/her attorney.