

IN THE MATTER OF THE ESTATE OF

Amended

Interim

Final

Supplemental

**Estate Account**

Informal Administration

Formal Administration

Case No. \_\_\_\_\_

**UNDER OATH I VERIFY:**

I am the  personal representative  special administrator of this estate and this estate account is true and correct. The following is my account of the administration of this estate from (Date of Death or Date of prior account)

to (Date) \_\_\_\_\_. **List interested persons on page 2.**

RECEIPTS	TOTAL	DISBURSEMENTS	TOTAL
Net Value of property, subject to administration from Inventory (or assets on hand as of last account)		Funeral Expenses Schedule (F)	
Added Property to which the decedent was entitled to on Date of Death not included in Inventory or Prior Account Schedule (A)		Debts of Decedent (G)	
Dividends (B)		Claims (including those by judgment) (H)	
Interest (C)		Taxes Paid (I)	
Capital Gains (Losses) (D)		Interest Paid (J)	
Other Receipts (E)		Administration Expenses (K)	
		Other Payments (L)	
		Distributions Paid to Date (M)	
		<b>TOTAL DISBURSEMENTS</b>	
		<b>Assets on Hand (N)</b>	
<b>TOTAL</b>		<b>TOTAL</b>	

**Totals in each column must be the same.**

Proposed distribution of Assets on Hand (Schedule O)	
<b>Total Fees</b> Paid during Administration: Personal Representative Guardian Ad Litem Special Administrator Attorney	

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_



Personal Representative/Special Administrator

Name Printed or Typed

Notary Public/Court Official

Address

Name Printed or Typed

Telephone Number

My commission/term expires: \_\_\_\_\_

Date

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_

▶ \_\_\_\_\_  
Personal Representative/Special Administrator

\_\_\_\_\_  
Notary Public/Court Official  
\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

My commission/term expires: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Form completed by: (Name)	Telephone Number	Bar Number (If any)
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Address

**ESTATE ACCOUNT SUPPORTING SCHEDULE**

**List of Interested Persons**  
The names and mailing addresses of all interested persons are as follows:  
(For any person with disabilities, also list any guardian of estate; for any person in the military, also list attorney or attorney in fact; and for any minor, list date of birth.)

Name	Mailing Address	If Minor, Date of Birth

<b>Schedule (A - O)</b>	<b>Estate Account Supporting Schedules</b> (List details of each schedule)	<b>Amount</b>