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TO: COURT OF PROBATE, DISTRICT OF	DISTRICT NO.
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ESTATE OF _____

_____ in said district, deceased.

FIDUCIARY(IES) [Name(s), address(es), zip code(s), and telephone number(s)]

THE FIDUCIARY(IES) HEREBY REPRESENTS UNDER PENALTIES OF FALSE STATEMENT THAT:

At least one fiduciary is a residuary distributee in his /her own right, and no part of the residue is distributable to a testamentary or living trust.

The total amount inventoried is \$ _____

All debts, funeral expenses, taxes, and expenses of administration have been paid.

All specific bequests have been or will be paid in full.

The amount reported on the Return of Claims and List of Notified Creditors, PC-237, on file is \$ _____ and has been paid as indicated.

All distributees have a copy of this statement.

An itemized list of all funeral expenses, taxes, and expenses of administration is as follows:

Funeral Expenses:		\$ _____
Taxes:		
1) Town of _____	\$ _____	
2) State of Connecticut		
a) Succession and estate taxes	\$ _____	
b) Income tax	\$ _____	
3) Internal Revenue Service		
a) Estate Tax	\$ _____	
b) Income Tax	\$ _____	\$ _____
Administration Expenses:		
Probate Court Costs		
Fiduciary Bond Premium	\$ _____	
Recording and advertising costs	\$ _____	
Fiduciarys' fees and disbursements	\$ _____	
Attorneys' fees and disbursements	\$ _____	
Other [Attach second sheet, if necessary.]	\$ _____	\$ _____

Bequests already made to: [Include specific and residuary beneficiaries.]	Name	\$
Proposed distribution to:	Name	\$
Show any reserve remaining:		\$

WHEREFORE SAID FIDUCIARY(IES) REQUESTS discharge from further liability for accounting and return to this court, pursuant to C.G.S. §45a-176.

☐ The fiduciary also requests the issuance of a Certificate of Devise, Descent, or Distribution of the real property described in the Inventory to the extent not sold or otherwise conveyed.

[If part of the real property has been sold or otherwise conveyed, explain fully and attach revised legal description thereto.]

The representations contained herein are made under the penalties of false statement.

_____ Fiduciary's Signature	_____ Fiduciary's Signature
Date _____	Date _____