

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Case No. _____

In re:	
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MOTION TO WAIVE ACCOUNTING

_____, Fiduciary, upon being duly sworn, petitions the Court to waive a formal accounting in this matter. In support of this petition, Executor states as follows:

- 1. All claims and other obligations of the estate have been satisfied.
- 2. The remaining asset(s) **DO NOT** include any real estate.
- 3. The only remaining asset(s) for distribution are: _____

- 4. The proposed distribution is as follows:
 - To _____ in the amount of: \$ _____
 - To _____ in the amount of: \$ _____
 - To _____ in the amount of: \$ _____
 - To _____ in the amount of: \$ _____

- 5. A Waiver of Final Accounting and Consent (form 700-00406B) has been filed with this petition by each party.
- 6. A Tax Clearance from the Vermont Department of Taxes has been filed with the Court.

WHEREFORE, Fiduciary asks the Court to waive the final accounting and to issue a Decree of Distribution in accordance with the proposed distribution outlined in section 3 of this petition.

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Date: _____

Signature of Fiduciary

Printed Name

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

_____ Unit

Case No. _____

In re:

[Empty rectangular box for case details]

If this is a **final accounting**, please complete the following:

AFFIDAVIT OF ALL DEBTS PAID

I/We, _____ (names of executor/administrator(s)) of the above-named estate, having been duly sworn, do hereby affirm that all of the debts, funeral charges, and expenses of administration of the deceased have been paid or will be paid by:

- All debts have been paid.
- All debts will be paid according to an order issued by the court.

Please Select an option applicable to this case:

- Notice to Creditors was Published.
- Notice to Creditors was Waived by Motion.

I/We declare that the above statements are true and accurate to the best of my knowledge and belief. I/We understand that if the above statements are false, I/We will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Executor/Administrator Information

_____	_____
Date	Mailing Address
_____	_____
Signature	City / State / Zip
_____	_____
Printed Name	Phone Number

	Email Address

Co- Executor/Administrator Information*

_____	_____
Date	Mailing Address
_____	_____
Signature	City / State / Zip
_____	_____
Printed Name	Phone Number

	Email Address