

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

_____ Unit

Case No. _____

In re Estate of :

[Empty box for estate name]

SUMMARY OF ACCOUNT for ESTATE

As the fiduciary(s) of the above named estate, I/we hereby account to the Court for the period beginning _____ and ending _____.
(Date of appointment as executor/administrator, or date of last accounting.) (End date for this accounting period.)

- checkbox This is an annual account (ongoing administration).
checkbox This is a final account. (All the assets of the estate are ready for distribution)

ACCOUNTING WORKSHEET

- Fully complete all sections of this worksheet. If there is no value, enter 0.
If you enter an amount greater than 0 on any line in the worksheet, you must provide an itemized accounting on a separate sheet. At the top of each itemized accounting, indicate the Section, Schedule letter and number, and the type of asset, receipt or disbursement. For example: Section A, Schedule A-2, Gain on personal estate.
After you enter the amounts in Sections A, B, and C, record them in the Account Summary section on page 4. If you use the fillable PDF version of this worksheet, the amounts will be entered in the Account Summary for you.

SECTION A – PERSONAL ASSETS (all assets that are NOT Real Estate) & Receipts

Table with 3 columns: Schedule, Description, Value. Rows include A-1 Personal estate, A-2 Gain on personal estate, A-3 Income to estate since inventory or last account, A-4 Personal estate not listed on inventory, A-5 Monies advanced to the estate, and A-6 TOTAL PERSONAL ASSETS Add lines A-1 through A-5.

SECTION A – REAL ESTATE ASSETS		
Schedule		Value
A-7	Real estate <i>(Use the amount reported in the Inventory or last account, whichever is more recent.)</i>	\$
A-8	Gain on real estate <i>(Provide an itemized list on a separate sheet.)</i>	\$
A-9	Real estate not listed on inventory <i>(Provide an itemized list on a separate sheet.)</i>	\$
A-10	TOTAL REAL ESTATE ASSETS Add lines A-7 through A-9	\$
A-11	TOTAL COMBINED ASSETS Add lines A-6 and A-10	\$

SECTION B – DISBURSEMENTS - PAYMENTS, EXPENDITURES, AND LOSSES.		
Complete every line. If there is no value, enter 0 .		
Only list disbursements since the estate was opened or the last Account, whichever is most recent.		
Schedule		Value
B-1	Funeral and burial expenses <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-2	Loss on personal estate <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-3	Paid debts <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-4	Administrative and/or Fiduciary expenses <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-5	Attorney fees <i>(Provide an itemized statement on a separate sheet.)</i>	\$
B-6	Support for surviving spouse or children <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-7	Other disbursements <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-8	Distributions to legatee(s) <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-9	Loss on real estate <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-10	TOTAL DISBURSEMENTS Add lines B-1 through B-9	\$

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Case No. _____

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SUMMARY OF ACCOUNT

- This is an annual account (ongoing administration).
- This is a final account. (All the assets of the estate are ready for distribution)

ACCOUNT SUMMARY

1. TOTAL ASSETS

(From Section A-11 of the Accounting Worksheet) \$ _____

2. TOTAL DISBURSEMENTS

(From Section B-10 of the Accounting Worksheet) \$ _____

3. CURRENT BALANCE MANAGED BY FIDUCIARY(S)

\$ _____ (Subtract Line 2 from Line 1)

(In a final accounting, this number should match the total of proposed distributions from page 3 so after distribution to beneficiaries has been made, the estate has a balance of zero.)

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 _____

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[Empty rectangular box for estate name]

MOTION TO ALLOW ACCOUNT

I/We, _____ (names of executor/administrator(s)) request that the Court allow the account as set forth in the attached Summary of Account for estate.

I/we have attached an itemized list for each schedule that has a value greater than zero.

Executor/Administrator Information

Form fields for Executor/Administrator: Date, Mailing Address, Signature, City / State / Zip, Printed Name, Phone Number, Email Address

Co- Executor/Administrator Information*

Form fields for Co- Executor/Administrator: Date, Mailing Address, Signature, City / State / Zip, Printed Name, Phone Number, Email Address

* If there are co- executors/administrators, both executor/administrators must sign.

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[Empty rectangular box for estate name]

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:

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

Please Select an option applicable to this case:

- checkbox Notice to Creditors was Published.
checkbox 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

Form fields for Executor/Administrator: Date, Mailing Address, Signature, City / State / Zip, Printed Name, Phone Number, Email Address

Co- Executor/Administrator Information*

Form fields for Co- Executor/Administrator: Date, Mailing Address, Signature, City / State / Zip, Printed Name, Phone Number, Email Address