STATE OF VERMONT

SUPERIOR COURT **PROBATE DIVISION**

_ Unit **Case No. _____**

In re Estate of :

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.)*

☐ This is an annual account (ongoing administration).

☐ 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

Schedule		Value
A-1	Personal estate *(Use the amount reported in the Inventory or last account, whichever is more recent.)*	$
A-2	Gain on personal estate *(Provide an itemized list on a separate sheet.)*	$
A-3	Income to estate since inventory or last account (whichever is more recent) *(Provide an itemized list on a separate sheet.)*	$
A-4	Personal estate **not** listed on inventory *(Provide an itemized list on a separate sheet.)*	$
A-5	Monies advanced to the estate *(Provide an itemized list on a separate sheet.)*	$
A-6	TOTAL PERSONAL ASSETS **Add lines A-1 through A-5**	$

SECTION A –REAL ESTATE ASSETS

Schedule		Value
A-7	Real estate *(Use the amount reported in the Inventory or last account, whichever is more recent.)*	$
A-8	Gain on real estate *(Provide an itemized list on a separate sheet.)*	$
A-9	Real estate **not** listed on inventory *(Provide an itemized list on a separate sheet.)*	$
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 *(Provide an itemized list on a separate sheet.)*	$
B-2	Loss on personal estate *(Provide an itemized list on a separate sheet.)*	$
B-3	Paid debts *(Provide an itemized list on a separate sheet)*	$
B-4	Administrative and/or Fiduciary expenses *(Provide an itemized list on a separate sheet.)*	$
B-5	Attorney fees *(Provide an itemized statement on a separate sheet.)*	$
B-6	Support for surviving spouse or children *(Provide an itemized list on a separate sheet.)*	$
B-7	Other disbursements *(Provide an itemized list on a separate sheet.)*	$
B-8	Distributions to legatee(s) *(Provide an itemized list on a separate sheet.)*	$
B-9	Loss on real estate *(Provide an itemized list on a separate sheet.)*	$
B-10	TOTAL DISBURSEMENTS **Add lines B-1 through B-9**	$

SECTION C – PROPOSED DISBURSEMENTS TO BENEFICIARIES (ONLY COMPLETE THIS SECTION IF THIS IS A FINAL ACCOUNT)		
Full Name of Beneficiary	Specific Description of Asset(s) To be Distributed to Beneficiary e.g., If assets are in an account, include name of bank and account number; if assets consist of stocks, provide the name and the number of shares. Description should match the description in the Inventory.	Value
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	TOTAL DISBURSEMENTS	$

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In re Estate of

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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In re Estate of :

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

_____ Date

_____ Signature

_____ Printed Name

_____ Mailing Address

_____ City / State / Zip

_____ Phone Number

_____ Email Address

Co- Executor/Administrator Information*

_____ Date

_____ Signature

_____ Printed Name

_____ Mailing Address

_____ City / State / Zip

_____ Phone Number

_____ Email Address

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

STATE OF VERMONT

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_ . Unit **Case No. _____**

In re Estate of

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.

☐ The Application for Tax Clearance was filed with the Vermont Dept. of Taxes on _____.

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

_____ Signature

_____ Printed Name

_____ Mailing Address

_____ City / State / Zip

_____ Phone Number

_____ Email Address

Co- Executor/Administrator Information*

_____ Date

_____ Signature

_____ Printed Name

_____ Mailing Address

_____ City / State / Zip

_____ Phone Number

_____ Email Address