STATE OF VERMONT

SUPERIOR COURT **PROBATE DIVISION**

Unit **Case No. _____**

AFFIDAVIT
After Order of Dividend

I/We, _____ the undersigned Fiduciary(ies), being duly sworn, state as follows: Consistent with the ORDER OF DIVIDEND previously issued by this Court, I/We made the following payments to the following distributees:

1. The amount of $_____ to _____
2. The amount of $_____ to _____
3. The amount of $_____ to _____
4. The amount of $_____ to _____
5. The amount of $_____ to _____
6. The amount of $_____ to _____
7. The amount of $_____ to _____
8. The amount of $_____ to _____

(If you received paid-in-full receipts, you are encouraged, but not required, to attach them.)

Because this list reflects all the payments ordered, the undersigned hereby requests my/our discharge as Fiduciary(ies) and this Estate be closed.

I/We understand and acknowledge that any estate assets I /We distributed may be subject to claims later established within the time limits of the statutes of limitation (14 VSA § 1202 & 1203 may apply) but that I /We shall not be personally liable to other distributees for losses to them if required to reimburse other lawful creditors.

I/We declare that the above statements are true and accurate to the best of my/our 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.

Date: _____ _____
Signature of Fiduciary

_____
Printed Name

Date: _____ _____
Signature of Co-Fiduciary

_____
Printed Name