

Model Charitable Remainder Unitrust Account

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PA.
ORPHANS' COURT DIVISION

NO. _____

FIRST ACCOUNT

FOR _____, SETTLORS

. _____, TRUSTEE

Date of Deed: _____
Date of First Receipt of Funds: _____
Accounting for the period: _____

Purpose of Account: The Trustee offers this Account to acquaint interested parties with the transactions that have occurred during the Administration.

It is important that the Account be carefully examined. Requests for additional information, questions or objections can be discussed with:

[Name of Counsel]
[Address]
[Address]
[Telephone Number]
Supreme Court I.D. No. _____

SUMMARY OF ACCOUNT

PRINCIPAL

PAGE

AMOUNT

Receipts

Net Gain on Sales or Disposition

Less Disbursements:

Administration - Misc. Exp.

Transfers to Income

Balance before Distributions

Principal Balance on Hand

For Information:

Investments Made

Changes in Holdings

INCOME

Receipts

Less Disbursements

Balance before Distributions

Distributions to Beneficiaries

Income Balance on Hand

COMBINED BALANCE ON HAND

Unitrust Statement(s)

Verification

PRINCIPAL RECEIPTS

[DATE]	[DESCRIPTION]	[AMOUNT]
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TOTAL PRINCIPAL RECEIPTS

PRINCIPAL GAINS OR LOSSES ON SALES OR OTHER DISPOSITIONS

GAIN LOSS

[DATE] [DESCRIPTION] [AMOUNTS]

TOTALS

NET GAIN TRANSFERRED TO SUMMARY

DISBURSEMENTS OF PRINCIPAL

ADMINISTRATION - MISC. EXPENSES

<i>[DATE]</i>	<i>[DESCRIPTION]</i>	<i>[AMOUNT]</i>
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TRANSFERS FROM PRINCIPAL TO INCOME TO
SATISFY UNITRUST PAYOUTS

<i>[DATE]</i>	<i>[DESCRIPTION]</i>	<i>[AMOUNT]</i>
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TOTAL DISBURSEMENTS OF PRINCIPAL

PRINCIPAL BALANCE ON HAND

VALUE AT
[date] _____

FIDUCIARY
ACQUISITION
VALUE _____

TOTAL PRINCIPAL BALANCE ON HAND

PRINCIPAL INVESTMENTS MADE

[DATE]	[DESCRIPTION]	[AMOUNT]
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TOTAL PRINCIPAL INVESTMENTS MADE

CHANGES IN PRINCIPAL HOLDINGS

ACCOUNT
VALUE

[DATE]

[DESCRIPTION]

[AMOUNT]

RECEIPTS OF INCOME

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL RECEIPTS OF INCOME

DISBURSEMENTS OF INCOME

[DATE]	[DESCRIPTION]	[AMOUNT]
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TOTAL DISBURSEMENTS OF INCOME

DISTRIBUTIONS OF INCOME TO BENEFICIARIES

[NAME]

[DATE]

[AMOUNT]

TOTAL DISTRIBUTIONS OF INCOME TO BENEFICIARIES

INCOME BALANCE ON HAND

VALUE AT
[date] _____

FIDUCIARY
ACQUISITION
VALUE _____

TOTAL INCOME BALANCE ON HAND

UNITRUST STATEMENT

Fair Market Value as of [date]

MARKET
VALUE

[DESCRIPTION]

[AMOUNT]

Fair Market Value
Payout Rate
20 Unitrust Payout
Number of Payments per Year
Installment Amount

Paid as Follows:

[NAME] [AMOUNT]

UNITRUST STATEMENT

Fair Market Value as of [date]

MARKET
VALUE

[DESCRIPTION]

[AMOUNT]

Fair Market Value
Payout Rate
20 Unitrust Payout
Number of Payments per Year
Installment Amount

Paid as Follows:

[NAME] [AMOUNT]

By _____
_____, Trustee of the
_____.

VERIFICATION

I, _____, Trustee of the _____
_____, Settlers, hereby declares under oath that
said Trustee has fully and faithfully discharged the duties of its office;
that the foregoing First Account is true and correct and fully discloses all
significant transactions occurring during the accounting period; that all
known claims against the trust have been paid in full; that, to his
knowledge, there are no claims now outstanding against the Trust; and that no
taxes are presently due from the Trust on account of its status as a
charitable remainder unitrust.

This statement is made subject to penalties of 18 Pa. C.S.A. Section
4904 relating to unsworn falsification to authorities.

Trustee

Dated: _____