

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

<u>PRINCIPAL</u>	<u>PAGE</u>	<u>AMOUNT</u>
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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]

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

[DATE] [DESCRIPTION] [AMOUNT]

TRANSFERS FROM PRINCIPAL TO INCOME TO
SATISFY UNITRUST PAYOUTS

[DATE] [DESCRIPTION] [AMOUNT]

TOTAL DISBURSEMENTS OF PRINCIPAL

PRINCIPAL BALANCE ON HAND

VALUE AT [date]	FIDUCIARY ACQUISITION VALUE
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TOTAL PRINCIPAL BALANCE ON HAND

PRINCIPAL INVESTMENTS MADE

[DATE] [DESCRIPTION] [AMOUNT]

TOTAL PRINCIPAL INVESTMENTS MADE

CHANGES IN PRINCIPAL HOLDINGS

<u>ACCOUNT</u>	<u>VALUE</u>
[DATE]	[DESCRIPTION]
	[AMOUNT]

RECEIPTS OF INCOME

[DATE] [DESCRIPTION] [AMOUNT]

TOTAL RECEIPTS OF INCOME

DISBURSEMENTS OF INCOME

[DATE] [DESCRIPTION] [AMOUNT]

TOTAL DISBURSEMENTS OF INCOME

DISTRIBUTIONS OF INCOME TO BENEFICIARIES

[NAME]

[DATE]

[AMOUNT]

TOTAL DISTRIBUTIONS OF INCOME TO BENEFICIARIES

INCOME BALANCE ON HAND

<u>VALUE AT</u> <u>[date]</u>	<u>FIDUCIARY</u> <u>ACQUISITION</u> <u>VALUE</u>
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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
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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: _____