

Model Estate Account

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

O.C. NO. _____

FIRST AND FINAL ACCOUNT

OF _____, Executor

For

ESTATE OF _____

Date of Death:

Date of Incapacity, if any:

Date of Executor's Appointment:

Date of First Complete Advertisement:

Accounting for the period: _____ to _____

Purpose of Account: The Executor 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]

_____ [Phone Number]

Supreme Court I.D. No. _____

SUMMARY OF ACCOUNT

	<u>Pages</u>	<u>Amount</u>
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PRINCIPAL

Less Disbursements:

 Debts of Decedent
 Funeral Expenses
 Administration Expenses
 Family Exemption
 Federal, State & Local Taxes
 Fees and Commissions

Balance before Distributions

Distributions to Beneficiaries

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

Verification

PRINCIPAL RECEIPTS

[DATE] [DESCRIPTION] [AMOUNT]

Assets Listed in Inventory
(Valued as of Date of Death:

ADJUSTMENTS TO INVENTORY

SUBSEQUENT RECEIPTS

TOTAL PRINCIPAL RECEIPTS

PRINCIPAL GAINS OR LOSSES ON SALES OR OTHER DISPOSITIONS

	<u>GAIN</u>	<u>LOSS</u>
[DATE]	[DESCRIPTION]	

TOTALS

NET GAIN TRANSFERRED TO SUMMARY

DISBURSEMENTS OF PRINCIPAL

[DATE] *[DESCRIPTION]* *[AMOUNT]*

DEBTS OF DECEDENT

FUNERAL EXPENSES

ADMINISTRATION EXPENSES

FAMILY EXEMPTION

FEDERAL, STATE & LOCAL TAXES

FEES AND COMMISSIONS

TOTAL DISBURSEMENTS OF PRINCIPAL

DISTRIBUTIONS OF PRINCIPAL TO BENEFICIARIES

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL DISTRIBUTIONS OF PRINCIPAL TO BENEFICIARIES

PRINCIPAL BALANCE ON HAND

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL PRINCIPAL BALANCE ON HAND

PRINCIPAL INVESTMENTS MADE

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL PRINCIPAL INVESTMENTS MADE

CHANGES IN PRINCIPAL HOLDINGS

[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

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL DISTRIBUTIONS OF INCOME TO BENEFICIARIES

Executor

VERIFICATION

I, _____, Executor of the Estate of _____, Deceased, hereby declares under oath that he has fully and faithfully discharged the duties of his office; that the foregoing First and Final Account is true and correct and fully discloses all significant transactions occurring during the accounting period; that all known claims against the Estate have been paid in full; that, to his knowledge, there are no claims outstanding against the Estate; that all taxes presently due from the Estate have been paid; and that the grant of Letters Testamentary and the first complete advertisement thereof occurred more than four months before the filing of the foregoing First and Final Account.

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

Executor

Dated: _____