

COURT OF PROBATE
 [Type or print in black ink.]
 [Do not use in estates that distribute to trusts.]

TO: COURT OF PROBATE, DISTRICT OF	DISTRICT NO.
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IN THE MATTER OF
 Hereinafter referred to as the estate.

FIDUCIARY [Name, address, zip code, and telephone number]	POSITION OF TRUST
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THE FIDUCIARY HEREBY EXHIBITS this account to said court for allowance and makes oath that the same is a true and complete account of all receipts and disbursements made in said capacity.

THE FIDUCIARY REPRESENTS that all claims allowed against said estate have been fully paid; there are no claims now outstanding against the estate; and there are no heirs nor distributees other than those listed in the Application for Administration or Probate of Will or in the schedule of proposed distribution.

THE FIDUCIARY, THEREFORE, MAKES APPLICATION for an ascertainment of heirs and distributees and an order of distribution in accordance with the schedule of proposed distribution attached hereto.

[Use Second Sheet, PC-180, or additional sheets for any supporting schedule.]

ASSETS AND INCOME RECEIVED BY FIDUCIARY

To amount of inventory as on file		\$
To amount of additional property (real/personal) received [Specify.]		
To amount of income received		
Dividends		
Interest, Account # _____ in _____		
[Other]		
Total		\$

PAYMENTS AND DISTRIBUTIONS BY FIDUCIARY

By claims paid, as per Return on file, PC-237		
By funeral expenses		
By administration expenses		
Legal notices		
Taxes - Connecticut succession and/or estate taxes property, real and personal, Town of _____		
Probate court costs		
Fiduciary's fees [Show disbursements separately.]		
Attorney's fees [Show disbursements separately.]		
[Other]		
Amount on hand for distribution		
Real property		
Personal property		
[Attach a schedule of proposed distributees and amounts.]		
Total		\$

The representations contained herein are made under the penalties of false statement.

Date: _____
 Fiduciary: _____