

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
Superior Court Division
Before The Clerk

County

IN THE MATTER OF THE ESTATE OF:

Name

ACCOUNT

☐ ANNUAL ☐ FINAL

G.S. 28A-21-1, -21-2, -21-3; 35A-126,4, 35A-1266

☐ Deceased ☐ Minor ☐ Incompetent ☐ Trust

I, the undersigned representative, being first duly sworn, say that the following is a complete and accurate account of my receipts, disbursements and other transactions as representative of this estate or trust.

Accounting Period From

Extending To

PART I. SUMMARY

1. Subtotal Personal Property on Inventory or Subtotal Personal Property Held/Invested as Shown on Last Account.....	\$
2. Minus Loss from Sale of Personal Property when Compared to Value Listed on Inventory or Prior Account.....	\$
3. SUBTOTAL	\$
4. Plus Total Receipts as shown on Reverse [Part III.] (costs apply to this amount).....	\$
5. TOTAL ASSETS	\$
6. Minus Disbursements (Debts or Expenses) as Shown on Reverse [Part IV.].....	\$
7. SUBTOTAL	\$
8. Minus Distributions (Inheritance to Heirs) as Shown on Reverse [Part V.].....	\$
9. BALANCE AT END OF ACCOUNTING PERIOD (When filing Final Account, this should equal zero.)	\$

PART II. BALANCE HELD OR INVESTED

(Complete ONLY when filing an Annual Account with assets remaining in the Estate.)

1. On Deposit in Banks, etc.

Account No.	Balance
	\$
	\$
	\$

2. Invested in Securities, etc.....	\$
3. Tangible Personal Property.....	\$
4. SUBTOTAL - PERSONAL PROPERTY	\$
5. Real Estate Willed to the Estate And Not Sold (fair market value at date of death)... \$	
6. Real Estate Acquired by the Estate Under G.S. 28A-15-1	\$
7. Other.....	\$

TOTAL BALANCE HELD OR INVESTED (Must equal Balance shown in Part I. above)

\$

Name And Address Of Fiduciary ☐ Change Of Address

Name And Address Of Co-fiduciary ☐ Change Of Address

Signature Of Fiduciary

Title

Signature Of Co-fiduciary

Title

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

☐ Notary Date My Commission Expires

SEAL

County Where Notarized

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

Date My Commission Expires

☐ Notary

County Where Notarized

SEAL

☐ The above account has been audited by me and the vouchers or verified proofs submitted in support were examined. The account is ☐ approved. ☐ disapproved.

☐ As this is the final account, the personal representative is discharged in accordance with G.S. 28A-23-1.

Date

Signature

☐ Assistant CSC

☐ Clerk Of Superior Court

PART III. RECEIPTS

NOTES: 1. Rent from real property not willed to the estate goes to the heirs, and is not a receipt of the estate.
2. List loans to the estate for the purpose of paying claims.
3. If a sale of personal property results in a gain over the value listed on the Inventory (AOC-E-505), list the gain as a receipt. If a sale results in a loss as compared to the value listed on the Inventory, report the loss on Side 1, Part I of this form.
4. Do not report, as a receipt, changes in value (when compared to the value listed in the Inventory) of items which have not been sold.
5. If any real property willed to the estate has been sold, report the entire proceeds as a receipt.
6. If any real property not willed to the estate has been sold in a special proceeding to create assets with which to pay claims of the estate, report as a receipt only that portion of the proceeds received from the Commissioners (the balance not needed to pay claims of the estate is distributed in the special proceeding.)

Date	Received From	Description	Amount Or Value
			\$
Total From Attachment, If Any			\$
TOTAL PART III.			\$

PART IV. DISBURSEMENTS (Debts or Administrative Expenses)

NOTES: 1. Disbursements are expenditures of and for the estate, and do not include expenses regarding real property not willed to the estate.
2. List payments to creditors out of loans to the estate, or reimbursements by the estate to heirs who had directly paid creditors of the estate.
3. Provide copies of receipts, canceled or imaged checks or other satisfactory detailed proof of payments.

Date	Paid Or Distributed To	Description	Amount Or Value
			\$
Total From Attachment, If Any			\$
TOTAL PART IV.			\$

PART V. DISTRIBUTIONS (Inheritance to Heirs)

NOTES: 1. Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of delivery of distribution..
2. Attach itemized description of unrealized gains or losses on assets not sold but distributed. Do not include unrealized gain or loss amounts in Total Part V.

Date	Distributed To	Amount
		\$
Total From Attachment, If Any		\$
TOTAL PART V.		\$