

IN THE MATTER OF

CASE NUMBER

ACCOUNTING

FINAL
 INTERIM # _____

Personal Representative(s): _____

SUMMARY OF ACCOUNT
Current Value

Value	Current Value	Fiduciary Acquisition
I. PRINCIPAL		
A. Receipts		\$ _____
B. Net Gain (Loss) on Sales of Other Dispositions		\$ _____
C. Less Disbursements		
1. Debits of Decedent		
2. Funeral Expenses		
3. Administration Expenses		
4. Federal & State Taxes		
5. Fees and Commissions		
Balance Before Distribution		\$ _____
D. Less Distribution to Beneficiaries		\$ _____
Principal Balance on Hand		\$ _____
II. INCOME		
A. Receipts		\$ _____
B. Less Disbursements		
Balance Before Distributions		\$ _____
C. Less Distributions to Beneficiaries		\$ _____
Income Balance on Hand		\$ _____
COMBINED ON HAND		\$ _____

I.	PRINCIPAL			
A.	Receipts of Principal			Fiduciary Acquisition
Value				
Assets Listed in inventory per copy attached (Values as of Date of Death)	\$	_____		
Total Inventory				\$ _____
Receipts Subsequent to Inventory (Value when received)		_____		

Adjust to Carrying Values	\$	_____		
Adjusted value upon audit				
Value on Inventory	\$	_____		\$ _____
TOTAL RECEIPTS OF PRINCIPAL				\$ _____

B.	GAINS AND LOSSES ON SALES OR OTHER DISPOSITIONS				
Date	Item	Net Proceeds	Fiduciary Acquisition	Gain	Loss
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Total Gains and Losses	\$	_____	\$	_____
NET GAIN (LOSS)			\$	_____

C.

DISBURSEMENTS OF PRINCIPAL

DATE

1. DEBITS OF DECEDENT

\$ _____ \$ _____

2. FUNERAL EXPENSES

3. ADMINISTRATIVE EXPENSES

\$ _____ \$ _____

4. FEDERAL AND STATE TAXES

\$ _____ \$ _____

5. FEES AND COMMISSIONS

\$ _____ \$ _____

\$ _____ \$ _____

TOTAL DISBURSEMENTS

\$ _____

D. **DISTRIBUTIONS OF PRINCIPAL AND GOODS TO BENEFICIARIES**

Date Beneficiary Item

TOTAL \$ _____

Item **PRINCIPAL BALANCE ON HAND**
Current Value Fiduciary Acquisition Value

\$ _____ \$ _____

II. **INCOME**

A.

RECEIPTS OF INCOME

DATE
DIVIDENDS

\$ _____ \$ _____

INTEREST

\$ _____ \$ _____

TOTAL

\$ _____

DISBURSEMENTS OF INCOME

DATE ITEM

\$ _____ \$ _____

TOTAL

\$ _____

C.
Date Beneficiary

DISTRIBUTIONS OF INCOME TO BENEFICIARIES
Item

TOTAL \$ _____

The undersigned Personal Representative(s) submit this accounting which covers the period from _____, 20____ through _____, 20____.

The Personal Representative(s) declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative(s).

SWORN to before me this _____ day
of _____, 20____

Notary Public for South Carolina
My commission expires: _____

Signature: _____
Name: _____
Address: _____
Telephone (O): _____
(H): _____

Signature: _____
Name: _____
Address: _____
Telephone (O): _____
(H): _____