

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ACCOUNT OF FIDUCIARY, SHORT FORM <input type="checkbox"/> _____ Annual <input type="checkbox"/> Final <input type="checkbox"/> Interim Number	FILE NO.
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In the matter of _____

1. I, _____, am the _____
Name Title
 of the estate and submit the following as my account, which covers the period from _____
Month, day, year
 to _____ (may not exceed 12 months).
Month, day, year

COLUMN 1. INCOME AND OTHER RECEIPTS		COLUMN 2. EXPENSES AND OTHER DISBURSEMENTS	
	\$		\$
Total Column 1		Total Column 2	

SEE SECOND PAGE

Do not write below this line - For court use only

2. Balance on hand from last account (or value of inventory, if first account) \$ _____
- Add Total Column 1 (Income and Other Receipts) from the other side of this form \$ _____
- Subtotal** of Balance on hand and Total Column 1 \$ _____
- Subtract Total Column 2 (Expenses and Other Disbursements) from the other side of this form \$ _____
- Balance of assets on hand (itemize below) This line must equal the last line in item 3. \$ _____

3. The balance of assets on hand are:

ITEMIZED ASSETS REMAINING AT END OF ACCOUNTING PERIOD	
	\$
Total balance on hand. This line must equal the last line in item 2.	\$

4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:
5. This account lists all income and other receipts and expenses and other disbursements which have come to my knowledge.
6. a. No Michigan estate tax or inheritance tax is due.
- b. Michigan estate tax or inheritance tax is due. has been paid in full (evidence of full payment from Michigan Department of Treasury is attached).
7. This account is not being filed with the court.
8. My fiduciary fees incurred during this accounting period (including fees that have already been approved and paid for this accounting period) are \$ _____. Attached is a written description of the services performed.
9. Attorney fees incurred during this accounting period (including fees that have already been approved and paid for this accounting period) are \$ _____. Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____	_____
Date	Date
_____	_____
Attorney signature	Fiduciary signature
_____	_____
Attorney name (type or print)	Fiduciary name (type or print)
_____	_____
Bar no.	Address
_____	_____
Address	Address
_____	_____
City, state, zip	City, state, zip
_____	_____
Telephone no.	Telephone no.

For accounts that must be filed with the court. **NOTICE TO INTERESTED PERSONS**

1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.
2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310(C))
4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
5. You must serve the objection on the fiduciary or his/her attorney.