

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

NO. _____ of _____

FIRST AND FINAL ACCOUNT

of _____ the duly appointed
Guardian/Agent under POA
Of the Estate of _____

[John H. Doe], Died: _____
Date of First Receipt of Funds: _____
Accounting for the period: _____

Purpose of Account: The Guardian/Agent 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]
[Telephone Number]
Supreme Court I.D. No. _____

SUMMARY OF ACCOUNT

Pages

Amount

PRINCIPAL

DISBURSEMENTS

INCOME

COMBINED BALANCE ON HAND

PRINCIPAL RECEIPTS

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL PRINCIPAL RECEIPTS

PRINCIPAL GAINS OR LOSSES ON SALES OR OTHER DISPOSITIONS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>GAIN</u>	<u>LOSS</u>
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TOTALS

NET GAIN TRANSFERRED TO SUMMARY

DISBURSEMENTS OF PRINCIPAL

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL DISBURSEMENTS OF PRINCIPAL

DISTRIBUTIONS OF PRINCIPAL TO BENEFICIARIES

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL DISTRIBUTIONS OF PRINCIPAL TO BENEFICIARIES

PRINCIPAL BALANCE ON HAND

VALUE AT
[DATE] _____

FIDUCIARY
ACQUISITION
VALUE _____

TOTAL PRINCIPAL BALANCE ON HAND

PRINCIPAL INVESTMENTS MADE

[DATE]

[DESCRIPTION]

[AMOUNT]

TOTAL PRINCIPAL INVESTMENTS MADE

CHANGES IN PRINCIPAL HOLDINGS

ACCOUNT
VALUE

[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

INCOME BALANCE ON HAND

VALUE AT
[DATE] _____

FIDUCIARY
ACQUISITION
VALUE _____

TOTAL INCOME BALANCE ON HAND

By _____
Guardian/Agent

By _____
Executor

VERIFICATION

I, _____, the Guardian/Agent of the Estate of _____, hereby declare under oath that I have fully and faithfully discharged the duties of my 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 my knowledge, there are no claims now outstanding against the Estate; and that all taxes presently due from the Estate have been paid. This statement is made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

_____, Guardian/Agent
of the Estate of _____

Dated: _____