

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY PROBATE/MENTAL HEALTH DEPARTMENT

FORM FOR SUBMISSION OF FINAL ACCOUNTING for Informal Probates

IN THE MATTER OF THE ESTATE OF:

_____ Case No. PB _____

TODAY'S DATE: _____

INSTRUCTIONS. This form is provided for you to summarize the financial transactions. Accounting Guidelines are also included in this packet to help you complete this form. Attach this form to the Petition for Approval of the Final Account.

1. This is the final accounting for this estate. This accounting covers the time period from _____ (date) to _____ (date).
2. The current amount of the bond is _____. It should be increased to \$_____, or decreased to \$_____ to cover the unrestricted assets plus the unrestricted income.

ACCOUNT SUMMARY

INSTRUCTIONS: Complete Lists A-F first, then enter the total from each list on this summary.

A	The beginning balance of the Decedent's account from LIST A , page 3		\$ _____
B.	PLUS the money I received during this period of time on behalf of the Decedent (Person who Died) from LIST B , page 4	+	\$ _____
C.	PLUS the gains on the value of property I sold or otherwise disposed of and other adjustments as itemized in LIST C , page 5	+	\$ _____
D.	MINUS the money I have spent during this time period as itemized in LIST D , page 6	-	\$ _____
E.	MINUS the losses on the value of property I sold or otherwise disposed of and other reductions, as itemized in LIST E , page 7	-	\$ _____
F.	EQUALS the ending balance of the property of the Decedent as itemized in LIST F , page 8 (Total)	=	\$ _____

LIST A-- BEGINNING BALANCE

Itemization of assets of Decedent at the beginning of this account period
 (Add, as many sheets of paper as necessary to describe)

	Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)		
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)		
List all Life Insurance Policies: (include company name, policy number, cash value)		
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
List all real property:		

ENTER TOTAL FROM LIST A HERE AND ON PAGE 2, LINE A \$ _____

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

**LIST F--VALUE OF THE DECEDENT'S PROPERTY AS OF
THE END OF THIS ACCOUNT PERIOD**

Itemization of assets of the Decedent at the end of this account period
(Add, as many sheets of paper as necessary to describe)

	Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)		
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)		
List all Life Insurance Policies: (include company name, policy number, cash value)		
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
List all real property:		
ENTER TOTAL FROM LIST F HERE AND ON PAGE 2, LINE F		\$ _____

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.