

SAGINAW CHIPPEWA INDIAN TRIBE
 TRIBAL COURT
 PROBATE DIVISION

ACCOUNT OF FIDUCIARY/SCHEDULE
 OF DISTRIBUTIONS AND PAYMENT
 OF CLAIMS
 _____ ANNUAL FINAL INTERIM
 Number

Case No.

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

ESTATE OF _____
 First, Middle, and last name

1. I, _____, am the _____
 Name Title
 Of the estate and submit the following as my account, which covers the period from _____
 Date
 to _____. This account contains a correct statement of all income and
 Date
 disbursements which have come to my knowledge.

2. SUMMARY

Balance on hand from last account (or value of inventory if first account).....\$ _____
 Add account in this accounting period (total from Schedule A).....\$ _____
 Total assets accounted for.....\$ _____
 Subtract disbursements in this accounting period (total from Schedule B).....\$ _____
Total balance of assets remaining (itemize and describe in Schedule D).....\$ _____

If additional sheets are required for Schedule A or B, place all itemization on those sheets and include only category totals on these schedules.

SCHEDULE A: INCOME, Income in this accounting period		SCHEDULE B: Expenses and other disbursements, including distributions to devisees and beneficiaries	
	\$		\$
Net gain, if any, from Schedule C		Net loss, if any, from Schedule C	
Total Income	\$	Total expenses and Disbursements	\$

Schedule C: Gains and losses on disposition of assets (Use only if needed)

DESCRIPTION	DATE ACQUIRED	DATE SOLD	VALUE AT TIME ACQUIRED BY FIDUCIARY	NET SALES PRICE	GAIN (LOSS)
TOTAL GAIN (LOSS).....					

If gain, transfer to Schedule A; if loss, transfer to Schedule B.

2. The following properly presented claims have not been paid, settled, or disposed of. If approved by the court, these claims will be paid.

CREDITOR (Name and Address)	AMOUNT OF DEBT	AMOUNT TO BE PAID
	\$	\$
	\$	\$
	\$	\$

3. Distributions to the following devisees/heirs have been made:

ASSET	DOLLAR AMOUNT OR VALUE	DATE OF DISTRIBUTION	NAME OF RECIPIENT

4. The following fees and cost will be paid before final distribution:

Attorney \$ _____ Personal Representative \$ _____

5. If approved by the court, the remaining estate will be distributed to the following devisees/heirs in the following amounts.

ASSET	DOLLAR AMOUNT OR VALUE	NAME OF RECIPIENT
	\$	
	\$	
	\$	

SCHEDULE D: Itemized assets remaining at end of accounting period
If additional sheets are required, indicate on Schedule "see attached sheets".

BALANCE OF ASSETS REMAINING (Show this amount on summary).....	

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

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

 Attorney Signature

 Attorney name (type or print) bar no.

 Address

 City, state, zip

 Date

 Fiduciary signature

 Fiduciary name (type or Print)

 Address

 City, state, zip

NOTICE TO INTERESTED PERSONS

For accounts that must be filed with the court.

1. You must bring to 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.
4. You must pay a \$25.00 filing fee to the court when you file the objection. (See TC Filing fee schedule)
5. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection
6. You must serve the objection on the fiduciary or his/her attorney.