

State of Minnesota

District Court

County:

Judicial District:

Court File No.:

Case Type:

In the Matter of the Trust Created under Article _____ of the Last Will of _____.

ALTERNATIVE FOR INTER VIVOS TRUSTS:

In the Matter of the Trust Created under Agreement By and Between _____, Settlor, and _____ and _____, Trustees, dated _____.

TRUSTEE'S ANNUAL ACCOUNT

	<u>Principal</u>	<u>Income</u>
Assets on hand as of _____ (Schedule 1)	\$	\$
Increases to Assets:		
Interest (Schedule 2)	\$	\$
Dividends (Schedule 3)	\$	\$
Capital gains distributions (Schedule 4)	\$	\$
Gains on sales and other dispositions (Schedule 5)	\$	\$
Return of capital (Schedule 6)	\$	\$
Other increases (Schedule 7)	\$	\$
Decreases to Assets:		
Losses on sales and other dispositions (Schedule 8)	(\$)	(\$)
Administration expenses (Schedule 9)	(\$)	(\$)
Taxes (Schedule 10)	(\$)	(\$)
Trustee fees	(\$)	(\$)
Attorney fees	(\$)	(\$)
Other decreases (Schedule 11)	(\$)	(\$)
Balance Before Distributions	\$	\$
Distributions to Beneficiaries (Schedule 12)	(\$)	(\$)
Principal and Income Balances	<u>\$</u>	<u>\$</u>
Total Assets on Hand as of _____ (Income plus principal) (Schedule 13)		<u>\$</u>

[FORM CONTINUED ON NEXT PAGE]

[NAME OF TRUST]

ASSETS ON HAND
[Beginning DATE]
Schedule 1

	<u>Market Value as of [DATE]</u>	<u>Values at Cost or Basis Principal</u>	<u>Values at Cost or Basis Income</u>
Cash or Cash Equivalents			
Checking account	\$	\$	\$
Savings account	\$	\$	\$
Money market account	\$	\$	\$
Stocks and Bonds			
Stocks	\$	\$	\$ 0.00
Corporate bonds	\$	\$	\$ 0.00
Municipal bonds	\$	\$	\$ 0.00
Real Estate	\$	\$	\$ 0.00
Other Assets			
Life insurance policies (cash value)	\$	\$	\$
Other assets	\$	\$	\$
Total Assets on Hand as of [DATE]	\$_____	\$_____	\$_____

Note: This schedule reflects assets on hand at the **beginning** of the period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

[NAME OF TRUST]

INTEREST
Schedule 2

	<u>Income</u>
Checking account(s)	
1.	\$
2.	\$
Savings account(s)	
1.	\$
2.	\$
Corporate bonds	
1.	\$
2.	\$
3.	\$
Municipal bonds	
1.	\$
2.	\$
3.	\$
Other interest	
1.	\$
2.	\$
3.	\$
Total interest	\$ _____

Identify each interest-producing asset. List each bank account by name and account number. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Identify each bond or other asset that pays interest.

[NAME OF TRUST]

DIVIDENDS
Schedule 3

	<u>Income</u>
Stocks	
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$
11	\$
12	\$
13	\$
14	\$
15	\$
 Total Dividends	 _____

Identify each security that paid dividends.

[NAME OF TRUST]

CAPITAL GAINS DISTRIBUTIONS
Schedule 4

Principal

Capital gains distributions:

1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$
11	\$
12	\$
13	\$
14	\$

Total Capital Gains Distributions _____

Identify each security that paid a capital gains distribution.

[NAME OF TRUST]

GAINS ON SALES AND OTHER DISPOSITIONS
Schedule 5

		<u>Principal</u>
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Total Gains		\$_____

[NAME OF TRUST]

RETURN OF CAPITAL
Schedule 6

	<u>Principal</u>
Return of capital:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
Total Return of Capital	\$ _____

Identify each security that paid a return of capital.

[NAME OF TRUST]

OTHER INCREASES
Schedule 7

	<u>Principal</u>	<u>Income</u>
Securities added to trust by Settlor		
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$
7	\$	\$
8	\$	\$
9	\$	\$
Income transferred to principal	\$	\$
Other increases:		
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$
7	\$	\$
8	\$	\$
9	\$	\$
Total Other Increases	_____	_____

[NAME OF TRUST]

LOSSES ON SALES AND OTHER DISPOSITIONS
Schedule 8

		<u>Principal</u>
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Sale of _____ shares of _____:		
Proceeds received	\$	
Less cost or basis	(_____)	\$
Total Losses		\$_____

[NAME OF TRUST]

ADMINISTRATIVE EXPENSES
Schedule 9

	<u>Principal</u>	<u>Income</u>
Bank account fees	\$	\$
Check charges	\$	\$
Broker annual fees	\$	\$
Photocopies	\$	\$
Postage	\$	\$
Maintenance of real estate (schedule attached)	\$	\$
Other (schedule attached)	\$	\$
Total Administrative Expenses	\$ _____	\$ _____

[NAME OF TRUST]

OTHER DECREASES
Schedule 11

	<u>Principal</u>	<u>Income</u>
Income transferred to principal	\$	\$
Other decreases:		
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$
10.	\$	\$
Total other decreases	\$ _____	\$ _____

[NAME OF TRUST]

DISTRIBUTIONS TO BENEFICIARIES
Schedule 12

Name of each beneficiary and date and description of distribution:	<u>Principal</u>	<u>Income</u>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$
10.	\$	\$
11.	\$	\$
12.	\$	\$
13.	\$	\$
14.	\$	\$
15.	\$	\$
Total Distributions to Beneficiaries	_____	_____

[NAME OF TRUST]

ASSETS ON HAND

[ending DATE]

Schedule 13

	<u>Market Value as of [DATE]</u>	<u>Values at Cost or Basis Principal</u>	<u>Values at Cost or Basis Income</u>
Cash or Cash Equivalents			
Checking account	\$	\$	\$
Savings account	\$	\$	\$
Money market account	\$	\$	\$
Stocks and Bonds			
Stocks	\$	\$	\$
Corporate bonds	\$	\$	\$
Municipal bonds	\$	\$	\$
Real Estate	\$	\$	\$
Other Assets			
Life insurance policies (cash value)	\$	\$	\$
Other assets	\$	\$	\$
Total Assets on Hand as of [DATE]	\$_____	\$_____	\$_____

Note: This schedule reflects assets on hand at the **end** of the accounting period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Signed at: _____ County, _____
State.

On _____, 20__.

Signature

Name

Agency or Business Name, if applicable

Address

City/State/Zip

Telephone ()