|  |  |  |  |
| --- | --- | --- | --- |
| State of Minnesota |  |  | District Court |
| County of |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Probate |

|  |  |  |
| --- | --- | --- |
| Estate of:  | **Final Account and Proposal** **for Distribution**[ ]  **Original**[ ]  **Amended**[ ]  **Supplemental** |  |
|  |  |
|   |  |
| Decedent (Deceased person)  |  |

My name is , and I am the Personal Representative of the Estate. Below is a full, true, and complete list of the administration of the Estate:

| **Assets at Date of Death [Amounts from *Inventory* (PRO912)]**  |
| --- |
| Total Fair Market Value of Real Estate (from Inventory Attachment A) |  |
| Total Value of Stocks, Bonds, and Securities (from Inventory Attachment B) |  |
| Total Value of Mortgages, Notices, and Cash (from Inventory Attachment C) |  |
| Total Value of Miscellaneous Personal Property (from Inventory Attachment D) |  |
| Total Liens and Encumbrances (from all Inventory Attachments) |  |
|  |  |
| **Total Net Assets at Date of Death (from Inventory)** |  |

| **Summary of Increases to the Estate (see Attachment A for details)**  |
| --- |
| Assets Left Out of Inventory  |  |
| Advances to Estate |  |
| Interest |  |
| Dividends |  |
| Dividend Reinvestment |  |
| Refunds |  |
| Gain on Sale of Property |  |
| Miscellaneous Increases |  |
|  |  |
| **Total Increases** |  |

|  |  |
| --- | --- |
| **TOTAL INVENTORY ASSETS AND INCREASES** |  |

| **Decreases (see Attachment B for details)**  |
| --- |
| Loss on Sale of Property |  |
| Closing Costs |  |
| Maintenance and Selection |  |
| Attorney’s Fees and Expenses |  |
| Personal Representative’s Fees and Expenses |  |
| Funeral Expenses |  |
| Expenses of Last Illness |  |
| Taxes |  |
| Payments Made on Mortgage, Contract for Deed, and Other Liens  |  |
| Other Claims Allowed and Paid |  |
| Interim Distributions to Devisees and Heirs |  |
| Repayment of Advances |  |
| Expenses of Maintaining Real Estate |  |
| Other Expenses of Administration |  |
| **Total Decreases** |  |

| **Assets on Hand for Distribution (see Attachment C for details)** |
| --- |
| Personal Property on Hand for Distribution |  |
| Real Estate on Hand for Distribution |  |
|  |  |
| **Total Assets on Hand for Distribution** |  |

|  |  |
| --- | --- |
| **TOTAL DECREASES AND ASSETS FOR DISTRIBUTION** |  |

| **FINAL SUMMARY (must balance)** |
| --- |
| Total Net Assets at Date of Death (Inventory) | $ | Total Decreases  | $ |
| Total Increases  | $ | Total Assets on Hand for Distribution | $ |
| **TOTAL**  | $ | **TOTAL** | $ |

|  |  |
| --- | --- |
| **Total Claims Allowed and Not Paid (see Attachment D for details)** | $ |

**Proposal for Distribution**

The Personal Representative proposes to distribute the Estate in the following manner.

If you object to the proposed distribution of the Estate, you must file a written objection with the Personal Representative within 30 days after mailing or delivery of this proposal to you. Failure to file a written objection will result in termination of your right to object to the proposed distribution.

| **Name** | **Proposed Distribution** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*Use another sheet of paper if you need more room to write.*

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

|  |  |  |
| --- | --- | --- |
| Dated |  | Personal Representative |
|  |  |  |
| ⬜ Attorney for Personal Representative:**OR**⬜ Self-Represented:Name: Firm: Address:  Attorney License No.: Email: Telephone:  |  |  |

**Attachment A: Increases**

**Assets Omitted from Inventory**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

**Advances to Estate**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Description**  | **Value**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

**Interest**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

**Dividends**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

**Dividend Reinvestment**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

**Refunds**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

**Gain on Sale of Property**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

**Miscellaneous Increases**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  |  |

*Use another sheet of paper if you need more room to write.*

**Attachment B: Decreases**

**Loss on Sale of Property**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Number** | **Description**  | **Inventory Value (Basis)** | **Sales Price** | **Loss**  |
|  |  | **$** | **$** | **$** |
|  |  | **$** | **$** | **$** |
|  |  | **$** | **$** | **$** |
| **TOTAL** | **$** |

**Closing Costs**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Maintenance and Selection**

| **Item Number** | **Description**  | **Amount** |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Expenses of Administration**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Attorney’s Fees and Expenses**

| **Item Number** | **Description**  | **Hourly Rate**  | **Number of Hours** | **Amount**  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  | **TOTAL** | **$** |

**Personal Representative’s Fees and Expenses**

| **Item Number** | **Description**  | **Hourly Rate** | **Number of Hours**  | **Amount**  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  | **TOTAL** | **$** |

**Funeral Expenses**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Expenses of Last Illness**

| **Item Number** | **Description**  | **Amount** |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Taxes**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Other Claims Allowed and Paid**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Interim Distributions to Devisees and Heirs**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Miscellaneous Decreases**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

*Use another sheet of paper if you need more room to write.*

**Attachment C: Assets on Hand for Distribution**

**Personal Property on Hand for Distribution**

| **Item Number** | **Description**  | **Value**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

**Real Estate on Hand for Distribution**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Description**  | **Fair Market Value** |
|  | Homestead in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CountyLegal Description: | **$** |
|  | Other real estate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CountyLegal Description: | **$** |
|  | Other real estate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CountyLegal Description: | **$** |
| **TOTAL**  | **$** |

*Use another sheet of paper if you need more room to write.*

**Attachment D: Claims Allowed and Not Paid**

**Claims Allowed and Not Paid**

| **Item Number** | **Description**  | **Amount**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL**  | **$** |

*Use another sheet of paper if you need more room to write.*