

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 <i>Inventory</i> (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	

Summary of Increases to the Estate (see Attachment A for details)	
Gain on Sale of Property	
Miscellaneous Increases	
Total Increases	

TOTAL INVENTORY ASSETS AND INCREASES	
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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	

Assets on Hand for Distribution (see Attachment C for details)	
Real Estate on Hand for Distribution	
Total Assets on Hand for Distribution	

TOTAL DECREASES AND ASSETS FOR DISTRIBUTION	
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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)	\$
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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

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

<input type="checkbox"/> Attorney for Personal Representative: OR <input type="checkbox"/> 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
		\$
		\$

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
		\$
		\$
		\$
		\$
		\$

Item Number	Description	Amount
TOTAL		\$

Interim Distributions to Devises 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 _____ County Legal Description:	\$
	Other real estate in _____ County Legal Description:	\$
	Other real estate in _____ County Legal 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.