## Fiduciary Services, Inc.

1890 S 14<sup>th</sup> Street, Suite 230 - Amelia Island, FL 32034 PH: (904) 491-1150 \\ FX: (716) 568-8435 \\ Sally@court-accounting.com

## ESTATE ACCOUNTING REQUEST FORM

Date:			
Contact:			Telephone:
Fax:	Office:	Email Address	:
Other Contact or A	ssistant:	Telephone:	
Fax:	Office:	Email Address	<u> </u>
Account Name – al			
County: File#			
Type of Settlement (Please Circle): Judicial Non-Judicial			
Period of Accounting: to or present.  (date opened or beginning date of accounting)			
Date of Death:			
Date of Issuance of	Letters:		
DECLUBED DOC	TIMENITO.		

## REQUIRED DOCUMENTS:

- 1. Completed Accounting Request Form
- 2. Full title of account.
- 3. Opening inventory or estate tax return.
- 4. Statements covering the period including the date of death through the ending date of the accounting. Statements must be provided for all accounts in the name of the decedent from the date of death through closing.
- 5. Statement of assets on hand with market values as of ending date of accounting.

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REAL PROPERTY Allocate expenses of real property: Expense of Estate Distribution to/for Beneficiary
BENEFICIARIES How should the beneficiaries' names be shown in the accounting? Any changes for marriage, divorce, etc? Please identify any beneficiaries that are shown on the statements only by account number.
FIDUCIARIES Should the standard commission be calculated? Will co-trustee take a commission?
COMMENTS OR SPECIFIC REQUESTS