**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS**

**DISTRICT OF NAY-AH-SHING**

|  |
| --- |
| **IN THE COURT OF CENTRAL JURISDICTION** |

|  |  |
| --- | --- |
| In the Matter of the Estate of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,    Decedent | Case File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **FINAL ACCOUNT** |

|  |  |  |
| --- | --- | --- |
|  | **DEBITS** | **CREDITS** |
| **DEBITS** |  |  |
|  |  |  |
| Personal Estate described in Inventory |  |  |
| Increase on same: |  |  |
| Interest: |  |  |
| Dividends: |  |  |
| Refunds: |  |  |
|  |  |  |
| Personal Estate Omitted in Inventory |  |  |
|  |  |  |
| Proceeds of Sale of Real Estate |  |  |
|  |  |  |
| TOTAL DEBITS |  |  |
|  |  |  |
| **EXPENSES OF ADMINISTRATION** |  |  |
|  |  |  |
| Fees Probate Court: |  |  |
| Certified Copies: |  |  |
| Appraisers Fees: |  |  |
| Printing Fees: |  |  |
| Compensation of Personal Representative: |  |  |
| Attorneys' Fees to Date: |  |  |
| Estimated Future Fees to be Charged: |  |  |
| Accountant Fees: |  |  |
| Statutory Selection: |  |  |
| Bond Premiums: |  |  |
| TOTAL Expenses of Administration: |  |  |
|  |  |  |
| **FUNERAL EXPENSES** |  |  |
| Mortician: |  |  |
| Cemetery Marker: |  |  |
| Misc. Expenses: |  |  |
| TOTAL Funeral Expenses: |  |  |
|  |  |  |
| **EXPENSES OF LAST ILLNESS** |  |  |
| Medical Attendance: |  |  |
| Medicine, etc.: |  |  |
| Ambulance: |  |  |
| TOTAL Expenses of Last Illness: |  |  |
|  |  |  |
| **TAXES** |  |  |
| Real Estate Taxes: |  |  |
| Homestead: |  |  |
| Other Real Estate: |  |  |
| Income Taxes of Decedent: |  |  |
| Minnesota: |  |  |
| Federal: |  |  |
| Fiduciary Income Taxes: |  |  |
| Minnesota: |  |  |
| Federal: |  |  |
| Estate Tax: |  |  |
| Minnesota: |  |  |
| Federal: |  |  |
| TOTAL Taxes: |  |  |
|  |  |  |
| **OTHER CLAIMS ALLOWED AND PAID** |  |  |
| Phone |  |  |
| Gas |  |  |
| Insurance |  |  |
| Electric |  |  |
| Car Loan |  |  |
| Brokerage/Bank Service Fees |  |  |
| House Expenses Necessary for Sale |  |  |
| County Recorder |  |  |
| Moving |  |  |
| Other Expenses |  |  |
| TOTAL Claims Paid: |  |  |
| **DEVISEES PAID AND DISTRIBUTED** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL Specific Devisees Paid |  |  |
|  |  |  |
| TOTAL DEBITS AND CREDITS |  |  |
| BALANCE ON HAND FOR DISTRIBUTION |  |  |

**PERSONAL PROPERTY ON HAND FOR DISTRIBUTION**

|  |  |
| --- | --- |
| Cash on Hand |  |
| All Other Personal Property |  |
| None |  |
| TOTAL |  |

**REAL ESTATE ON HAND FOR DISTRIBUTION**

|  |  |
| --- | --- |
| Lease of Mille Lacs Band Land (distributed as to lease terms) |  |
| Homestead |  |
| Other Real Estate in the County  of \_\_\_\_ \_\_\_\_ , State of \_\_\_\_\_\_ \_\_ : |  |
| TOTAL |  |

Under penalties for perjury for deliberate falsification therein, I declare or affirm that I have read the foregoing account and to the best of my knowledge or information, its representations are true, correct and complete.

Dated:

Personal Representative’s Signature

Personal Representative’s Name Printed