

IN THE MATTER OF THE ESTATE OF

Amended

Name

**Personal Representative's  
Statement to Close Estate  
(Informal Administration)**

Case No. \_\_\_\_\_

**I VERIFY THAT I, OR A PRIOR PERSONAL REPRESENTATIVE WHOM I HAVE SUCCEEDED:**

1. Gave notice to interested persons and to creditors as required by law and the time for filing claims expired prior to the date of this statement.
2. Fully administered the estate by making payment, settlement, or other disposition of all claims presented, expenses of administration, reasonable funeral and burial expenses, death and other taxes, except as otherwise specified below.
3. Inventoried the assets of the estate, furnished a copy of the inventory to interested persons and distributed the assets to the persons entitled to them.
4.  Am aware of no unpaid claims, expenses or taxes outstanding.  
 Made the following detailed arrangements to accommodate any outstanding liabilities: \_\_\_\_\_  **See attached**
5. Sent a copy of this statement to all distributees of this estate and to all creditors or other claimants of whom I am aware whose claims are neither paid nor barred.
6. Furnished a full account of the administration, in writing, to all persons whose interests are affected.
7. The amount of attorney fees paid or to be paid from estate assets is \$\_\_\_\_\_.
8. Understand that if no proceedings challenging this statement or otherwise involving me as personal representative are pending in the court 6 months after this statement is filed, my appointment as the personal representative terminates.

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**



Personal Representative \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date \_\_\_\_\_ State Bar No. (if any) \_\_\_\_\_

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**



Personal Representative \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date \_\_\_\_\_ State Bar No. (if any) \_\_\_\_\_