IN THE CHANCERY COURT FOR ROBERTSON COUNTY, TENNESSEE, AT SPRINGFIELD

IN THE ESTATE OF: _____ DOCKET NO: _____

ESTATE - FINAL ACCOUNTING INSTRUCTION SHEET AND CHECKLIST

Unless waived by Court Order, Final Accountings should be submitted prior to closing the Estate in accordance with T.C.A. §30-2-601.The items required for a complete Accounting are listed below. **INCOMPLETE ACCOUNTINGS WILL NOT BE ACCEPTED IN THE CLERKS OFFICE.**

☐ **Detailed Annual Accounting** form must be completed and include (per T.C.A. §30-2-601(a)):
- Signed.
- Acknowledged
- Verify that Totals provided are correct.

☐ A **List of Financial Accounts** and **Financial Information Form(s)** must be completed.

☐ A **Detailed Accounting Register** must be included (per T.C.A. §30-2-601(a)):
- The **Detailed Accounting Register** must contain:
  - Date, Payee, Check or Debit, Amount and Balances
- Separate **Registers** should be used for each account.

☐ **Financial Statements** must be included as follows: (per T.C.A. §30-2-601(e)):
- All financial accounts must be provided, i.e. checking, savings, Certificates of Deposit, annuities, stock accounts, mutual funds, brokerage accounts, etc. (copies are acceptable).
- Statements provided must pertain to the accounting period for which they are filed.
- Images of cancelled checks or the actual cancelled checks ARE REQUIRED.
- If the total funds have been invested for the entire accounting period, only the most recent Financial Statement must be provided.

☐ Copy of the Notice of Date to Submit Final Accounting must be included (per T.C.A. §30-2 603) unless all required parties have filed Receipts & Waiver(s)

☐ **Certificate of Service** must be completed and included (per Robertson County Local Rule 4.02)
- The **Certificate of Service** certifies that copies of the Accounting and supporting documents have been mailed to all interested parties.

☐ **Corporate Surety Statement** must be included if Bond has not been waived (per T.C.A. §30-1-201):
- This will state that the Bond set is still in effect.

☐ TennCare Release must be filed.

☐ All Claims must be release and all Court Costs paid.

IN THE CHANCERY COURT FOR ROBERTSON COUNTY, TENNESSEE
AT SPRINGFIELD

IN THE ESTATE OF)
_____) **DOCKET NO: _____**
DECEDENT)

DETAILED FINAL ACCOUNTING - ESTATE

COMES NOW the Personal Representative in this matter and respectfully submits the attached Final Accounting to the Court for the period of _____, 20_____ **to** _____, 20_____ .

The **combined** totals of **all accounts** required for this Accounting are as follows:

Beginning Balance for **all** accounts **combined**… $_____.
Total Receipts (+) for **all** accounts **combined** … $_____.
Total Disbursements (-) **for** all accounts **combined**… $_____.
Ending Balance for **all** accounts **combined** … $_____.

Bond Required: ☐ No ☐ Yes
Surety Company: _____ Bond Amount $ _____

I, _____, Personal Representative, swear or affirm that this settlement of the accounts exhibits a full, true, and just statement of each and every asset should be charged, and the credits to which are entitled, to the best of my knowledge and belief.

_____
Personal Representative

Sworn to and subscribed before me, this the _____ day of _____, 20_____.

_____ _____
Commissioner Expiration Date **Notary Public/Deputy Clerk**

The attached settlement has been made with the Clerk and is adopted and recommended for approval by the Court this _____ day of _____, 20_____.

_____
Clerk

After review of the attached Report of the Clerk, the foregoing Accounting is hereby adopted and approved for recording by this Court, this _____ day of _____, 20_____.

_____
Judge/Probate Master

CERTIFICATE OF SERVICE

(YOU MUST MAIL A COPY OF THIS ENTIRE DOCUMENT TO ALL INTERESTED PARTIES AND COMPLETE THIS CERTICATE VERIFYING THE DATE MAILED).

I hereby certify that a true and exact copy of the foregoing Accounting and supporting documents has been served by U.S. Mail, postage prepaid, upon the interested parties listed below.

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

_____
Signature

_____
Date

LIST OF FINANCIAL ACCOUNTS

A separate Financial Information Form must be completed for EACH financial account.

	FINANCIAL INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER (LAST 4 DIGITS ONLY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

FINANCIAL INFORMATION FORM

This form should be attached to **ALL** the depository accounts you are in control of as Personal Representative or Fiduciary such as checking, savings, money market, Certificate of Deposit, brokerage, stock, investment, IRA, Annuity, etc., and any other account(s) you report to the Court annually. A separate form **MUST** be included for **EACH** account.

For example, if the asset is a Certificate of Deposit which is maturing and you have purchased (or renewed) another C.D., you should list the status of the maturing C.D. as "*closed*" and the status of the new C.D. as "*active*"- providing the new maturity date, financial institution, and amount.

ASSET ***(Money Market, Certificate of Deposit, checking account, savings account, etc.):***

_____

ACCOUNT NO (last 4 digits only): _____

FINANCIAL INSTITUTION:

_____

Beginning Balance …….. $ _____

Total Receipts (+) ……... $ _____

Total Disbursements (-) ……. $ _____

Ending Balance as of_____ $ _____

Maturity Date (if applicable) ……$_____

ACCOUNT STATUS: ☐ ACTICE

☐ CLOSED/ DATE CLOSED: _____

Is the Asset covered by your *Surety Bond* or by a *Freeze/Restricted Account Agreement*? A copy of the *Agreement* **must** be attached if it is a *Freeze/Restricted Account*.

Be sure that **ALL** account statements and imaged copies of the front and back of **ALL** cancelled checks (if any) are attached to this Summary, as well as the Accounting Register. **EACH** depository account should be itemized on a separate Accounting Register(s).

PROBATE ACCOUNTING REGISTER

STARTING BALANCE

Financial Account # _____ _____

DATE	TRANSACTION DESCRIPTION	ADDITIONS (RECEIPTS)	CHECK NUMBER	SUBSTRACTION (DISBURSEMENTS)	✓	BALANCE

IN THE CHANCERY COURT FOR ROBERTSON COUNTY, TENNESSEE
AT SPRINGFIELD

IN THE ESTATE OF	)	
	)	
_____	)	**DOCKET NO: _____**
DECEDENT	)	

CORPORATE SURETY STATEMENT - ESTATE

We, _____,

acting as Corporate Surety in the above referenced matter, pursuant to Tennessee Code Annotated §30-1-201, hereby submit the following statement to the Court:

We are surety on the Bond set by the Court in the above referenced matter and by the execution of this Statement to the Court, hereby acknowledge that we are Surety in this matter and that the Bond amount is $ _____.

We further state that said Bond is in force for the next annual period and will remain in effect until the Surety is discharged by further orders of the Court.

The Bond's current expiration date is _____.

This _____ day of _____, 20_____.

SIGNATURE OF SURETY: _____.

NAME OF CORPORATE SURETY: _____.

ADDRESS: _____

_____

_____

IN THE CHANCERY COURT FOR ROBERTSON COUNTY, TENNESSEE
AT SPRINGFIELD

IN THE ESTATE OF	**)**	
	)	
_____	**)**	**DOCKET NO: _____**
DECEDENT	**)**	

NOTICE OF DATE TO SUBMIT FINAL ACCOUNTING

NOTICE IS HEREBY GIVEN YOU that on the _____ day of _____, 20____, at _____, _____ a.m / p.m, in Room 102 of the Historic Courthouse in Robertson County, Tennessee, the Personal Representative of this estate will pass accounts before the Clerk and Master for Robertson County, Tennessee.

At such time and place, you may attend and witness the Accounting and take such part therein as the law entitles.

Objections to the Accounting should be written and filed no later than thirty (30) days after accounts are passed by the Clerk.

The Accounting shall take place as scheduled and will not be continued unless ORDERED by the Court. Further, the Accounting shall proceed in your absence and failure to attend will result in a waiver of your appearance.

This _____ day of _____, 20_____.

_____
PERSONAL REPRSENTATIVE

CERTIFICATE OF SERVICE

(YOU MUST MAIL A COPY OF THIS ENTIRE DOCUMENT TO ALL INTERESTED PARTIES AND COMPLETE THIS CERTICATE VERIFYING THE DATE MAILED).

I hereby certify that a true and exact copy of the foregoing *Notice of Date to Submit Final Accounting* has been served by U.S. Mail, postage prepaid, upon the interested parties listed below.

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

_____
Signature

_____
Date