Instructions | Clear Form

The State of New Hampshire

__________________ COUNTY PROBATE COURT

TRUST UNDER THE WILL OF ____

LATE OF ____

DOCKET NUMBER ____

TRUSTEE'S ACCOUNTING

1. **The** _________________________ **account for the period beginning** ____________________
   and ending _____________________________________. ☐ **Check if final account.**

2. **Trustee name** ____ **Telephone** ____________
   Mailing address ____
   Co-trustee name ____ **Telephone** ____________
   Mailing address ____

3. **Attorney name** ____ **Telephone** ____________
   Firm name ____
   Mailing address ____

4. **Account Summary (totals taken from the following page)**

TOTAL PRINCIPAL RECEIVED	$ ___________________
TOTAL PRINCIPAL DISBURSED	$ ___________________
BALANCE OF PRINCIPAL ON HAND	$ ___________________
TOTAL INCOME RECEIVED	$ ___________________
TOTAL INCOME DISBURSED	$ ___________________
BALANCE OF INCOME ON HAND	$ ___________________

ORDER

☐ **Account allowed.**

☐ **Pending filing of** ____

If this is a final account, receipts for the balance must be filed within 30 days.

Date: ______________________ ______________________________________
Judge

Trust under the will of ____

Summary of Receipts, Disbursements and Balance in Hands of Fiduciary (as per attached schedules):

PRINCIPAL RECEIVED

***Inventory or Last Account .... Schedule A $ ____________________**

Net Gains (or losses) on Sales or Other Dispositions ..... Schedule B $ ____________________

Other Receipts .... Schedule C $ ____________________

TOTAL PRINCIPAL RECEIVED (Schedules A + B + C)..$ ____________________

PRINCIPAL DISBURSED

Distribution to Beneficiaries.. Schedule D $ ____________________

Other payments from principal .... Schedule E $ ____________________

Fiduciary Compensation.. Schedule F $ ____________________

TOTAL PRINCIPAL DISBURSED (Schedules D + E + F).......................................$ ____________________

***BALANCE OF PRINCIPAL ON HAND.................................Schedule G .... $ ____________________**

INCOME RECEIVED

***Inventory or Balance on Hand .... Schedule 1 $ ____________________**

Dividends and Interest .... Schedule 2 $ ____________________

Other Income.. Schedule 3 $ ____________________

TOTAL INCOME RECEIVED (Schedules 1 + 2 + 3)..$ ____________________

INCOME DISBURSED

Distributions to Beneficiaries .... Schedule 4 $ ____________________

Administrative Expenses .... Schedule 5 $ ____________________

Other payments from income .... Schedule 6 $ ____________________

Fiduciary Compensation .... Schedule 7 $ ____________________

TOTAL INCOME DISBURSED (Schedules 4 + 5 + 6 + 7).......................................$ ____________________

***BALANCE OF INCOME ON HAND.................................. Schedule 8 .... $ ____________________**

***These schedules must list each asset at both book value or cost and current value at the beginning (Schedules A and 1) and end (Schedules G and 8) of the accounting period.**

Are there any petitions or special requests pending, filed contemporaneously, or to be filed prior to the date of hearing on the account, relating to this account? ☐ Yes ☐ No If yes, please specify.

Are all significant transactions that do not affect the amount for which the fiduciary is accountable reported?
☐ Yes ☐ No If no, attach an Information Schedule pursuant to Probate Rule 108(E).

Have all Federal and State Income Tax Returns of the trust which are due at the time of filing this accounting been filed and the taxes connected therewith paid? ☐ Yes ☐ No If no, attach explanation in Information Schedule.

If the trust is a charitable trust as defined by RSA 7:21, II, does the Uniform Management of Institutional Funds Act (UMIFA) under RSA 292-B apply? ☐ Yes ☐ No

Trust under the will of ____

Parties interested in the Accounting as of the Date of Filing; include name, capacity in which interested or relationship, and last known address.

NAME	ADDRESS	RELATIONSHIP

ASSENT / WAIVER OF NOTICE

The undersigned, being all of the parties interested in the within account, hereby certify that we have examined the account, find it correct, and request that it be allowed without further notice to us.

PRINT NAME BELOW LINE WRITE SIGNATURE ON LINE	MAILING ADDRESS

The undersigned hereby represent(s) that the above accounting is true and accurate to the best of his/her/their knowledge and belief, and where required a copy of the account and required filing fee have been sent to the Director of Charitable Trust (RSA 7:28, I and IV) on ______________________. The undersigned certifies that the following has been sent to all persons beneficially interested in this account and all parties appearing of record: a copy of the account which includes a notice to beneficially interested parties stating that the account may be approved unless a written objection is filed within 30 days after the date the account is filed in the probate court.

Date: ______________________ ________________________________
Trustee

Date: ______________________ ________________________________
Trustee

THE STATE OF NEW HAMPSHIRE

______________________ **COUNTY** **DATE** ____________________

Subscribed and sworn to by the above named trustee(s) that all matters herein contained are true to his/her/their best knowledge and belief. Before me,

My Commission Expires ______________ ________________________________
Affix Seal **Justice of the Peace/Notary Public**

ATTENTION BENEFICIALLY INTERESTED PARTIES

This Account may be approved by the probate court unless a written objection, containing the specific factual or legal basis for the objection, is filed within 30 days after the date the Account is filed in the probate court. Failure to file an objection may forfeit your right to a hearing concerning the Account or your objection, and the probate court may then act without a hearing or any further notice to you.

Trust under the will of ____

Probate Court Rule 108(E). The account shall show significant transactions that do not affect the amount for which the fiduciary is accountable.

1. **The schedule listing such transactions shall consist of an information schedule, which shall be set forth at the end of the other schedules required in an account, setting forth each transaction by a separate number.**

2. **All changes in investments not reflected as gains or losses reported on other schedules of receipts shall be listed. These would include, but not be limited to, stock dividends; stock splits; changes in name; exchanges; or reorganizations.**

3. **All new investments made within the accounting period, and in hand at the close thereof, shall be noted on the schedules of assets on hand at the close of the accounting period. Totally new investments, and increased or additional investments in the same investment as shown on the schedules of assets on hand at the beginning of the account period of the account, shall be separately designated or annotated.**

4. **With regard to book accounts, notes or installment obligations (whether secured or not), detail regarding collections or payments shall be provided to permit reconciliation of the balances shown on schedules of assets on hand at the beginning and the close of the accounting period.**

5. **The fiduciary shall also report on the information schedule the details of any events causing or resulting in a change in the manner, method or course of the fiduciary's administration. Such events would include, but not be limited to, death of an interim income beneficiary; shifting enjoyment of the income to another beneficiary; death of a remainderman during the course of administering an estate; or a beneficiary reaching a designated age, after which time the beneficiary has a right to mandate partial withdrawals of principal.**

Form Completed!