| Case No. | | [] EIN | AI DETUDN |
|---------------|---|---------------------|-----------|
| []ANNU | JAL RETURN | []FIN | AL RETURN |
| | (Conservator – Executor – Administrator) | | |
| PERIOD I | FROMto | | |
| In Accordance | ce with Estate of | | |
| | (Minor – Adult Ward – Deceased) eipts and disbursements. If there is not adequate space on this form, you may use as many | additional forms as | vou need. |
| | CEIPTS: (Indicate source of original funds: list any assets such as savings accounts, etc., | | |
| | Balance from Last Return, if any | \$ | |
| | Interest to Date | | |
| | Other Receipts (additional space attached) | | |
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| | | | |
| | | | |
| D / EE | TOTAL RECEIPTS | | \$ |
| DATE | DISBURSEMENTS : List to whom paid and purpose of payment (additional space attached) | | |
| | (additional space attached) | \$ | |
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| | TOTAL DISBURSEMENTS (deduct from receipts) | | \$ |
| | NET BALANCE ON HAND | | \$ |
| | DEPOSITED IN: | | |
| | I have compared the o | | |
| Signature of | Attorney, if any, representing fiduciary (Conservator – Execu | tor – Administrato | or) |
| | I subscribed before me this 20 | | |
| | (Notary Public or C.C.) | | |

NOTE: All RECEIPTS must be itemized on this page, OR a printed transaction report, showing all RECEIPTS for the period, must be attached to the Return.

| RECEIPTS Include all sums received, including automatic deposits and interest deposited or credited to accounts. | | |
|---|---|--------|
| DATE | SOURCE AND DESCRIPTION OF ALL SUMS RECEIVED | AMOUNT |
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| | TOTAL RECEIPTS | \$ |

(NOTE: Please copy this page if additional space is needed)

NOTE: All EXPENDITURES must be itemized on this page, OR a printed transaction report, showing all EXPENDITURES for the period, must be attached to the Return.

| EXPENDITURES/DISBURSEMENTS Include all sums paid or deducted from the account(s) including automatic drafts and all bank charges | | | |
|---|----------|--|----|
| DATE | merad | e all sums paid or deducted from the account(s), including automatic drafts and all bank charges. DISBURSEMENTS: List to whom paid and purpose of payment | |
| | | (additional space attached) | |
| | | | \$ |
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| | <u> </u> | TOTAL EXPENDITURES | \$ |

(NOTE: Please copy this page if additional space is needed)

ORDER ADMITTING RETURN TO RECORD

| The foregoing Return and its affidavit having | been carefully examined and found correct, and |
|---|---|
| having remained on file in office for | _ days and no objections having been filed thereto, the |
| same is allowed; and it is ordered that said return together. | ether with its affidavit be recorded as the law requires. |
| | |
| | |
| | |
| Date | JUDGE, PROBATE COURT |

IN THE PROBATE COURT OF DOUGLAS COUNTY STATE OF GEORGIA

| IN RE: ESTATE OF | ESTATE NO |
|------------------|--|
| Deceased | |
| CERTIFICA | ATE OF MAILING OF ANNUAL/FINAL RETURN |
| | ave this date forwarded by first class mail in a stamped addressed envelope to all heirs who are entitled to receive the annual return as shown below: ted below). |
| | |
| | |
| | PERSONAL REPRESENTATIVE OF ESTATE |
| | Sworn to and subscribed before me This day of, 20 |
| | NOTARY PUBLIC OR CLERK OF THE |

PROBATE COURT

IN THE PROBATE COURT OF DOUGLAS COUNTY STATE OF GEORGIA

| IN RE: ESTATE OF | Estate No: |
|------------------|--|
| Deceased | |
| CERTIFICATE (| OF MAILING OF ANNUAL/FINAL RETURN |
| | ave this date forwarded by first class mail in a stamped addressed envelope o all beneficiaries who are entitled to receive the annual return as shown). |
| | |
| | |
| | PERSONAL REPRESENTATIVE OF ESTATE |
| | Sworn to and subscribed before me This day of, 20 |
| | NOTARY PUBLIC OR CLERK OF THE PROBATE COURT |