ACCOUNT	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

☐ Estate of: ☐ Conservatorship of: ☐ Other:

_____

_____ Division

This is the _____ (1st, 2nd, etc.)

☐ ANNUAL

☐ FINAL ACCOUNT

☐ AMENDED

FOR THE REPORTING PERIOD FROM _____ (MM/DD/YYYY) TO _____ (MM/DD/YYYY)

If Final Account, indicate why: ☐ Appointment terminated ☐ Estate closed ☐ Judicial Order

Summarize the financial activity below after completing the detailed accounting information in Schedules A, B and C. Attach additional sheets if necessary.

Notice to Interested Persons. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Massachusetts Uniform Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. The Court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person, the Personal Representative, or the Conservator.

Personal Representative's/Conservator's Information

Name: _____ (First Name) _____ (MI) _____ (Last Name)

Address _____ (Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

click to add click to remove

SUMMARY OF SCHEDULES

(If you are completing this on-line, the totals will auto-fill.)

	TOTAL
SCHEDULE A - Receipts and income:	$
SCHEDULE B - Payment and debts, administration expenses, taxes and distributions:	$
SCHEDULE C - Balance of assets on hand:	$

CONSERVATORSHIPS ONLY

Protected Person's Information

Name: _____ (First Name) _____ (MI) _____ (Last Name) Age: _____

Current Address: (Include Name of Nursing Facility, if applicable)

_____ (Name of Facility if applicable)

_____ (Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

1. Is there a continued need for the Conservatorship? ☐ Yes ☐ No

   If **No**, describe why and what steps should be taken. If you would like the Court to take action, you must file the appropriate pleadings with the Court.

2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person?

   ☐ Yes ☐ No

   If **No**, describe why and what steps should be taken. If you would like the Court to take action, you must file a motion with the Court.

3. List the services provided to the protected person.

4. Recommended changes to the Conservator's Plan, if any:

The Conservator's Account pursuant to G.L. c. 190B §5-418 must be filed annually and served on all interested persons and on the Protected Person (if over 14) andto any parent or guardian who lives with the Protected Person.

All Fiduciaries

I state under penalty of perjury that this is a true and complete report of the administration of this estate, during the period shown, both dates inclusive, to the best of my knowledge, information and belief. I understand that this Account is subject to audit and verification.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court or any Interested Persons may request copies at any time.

Date _____ _____ SIGNATURE OF FIDUCIARY

Attorney for Fiduciary:

_____ Print Name

_____ (Address) _____ (Apt, Unit, No. etc.)

_____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____

BBO No.: _____

SCHEDULE A- RECEIPTS AND INCOME

Is this the first Account filed? ☐ Yes ☐ No

If **Yes**, use the amounts from the Inventory to complete item 1 in Schedule A below.

if **No**, use the total amount of Schedule C (Book Value) from the prior Account filed to complete item 1 in Schedule A below.

Item #	Date	Description of item received, include name of Payor	Sub-Total	Amount Received
		Balance of Inventory or Prior Account		
			Total	

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SCHEDULE B- Payment of Debts, Administration Expenses, Taxes & Distributions

Item #	Date	Description of item Paid (include Name of Payee)	Sub-Total	Amount Paid
			Total	

SCHEDULE C- Balance of Assets on hand at end of accounting period

Item #	Account and Number	Name of Financial Institution or Description of Asset	Market Value	Book Value
			Total	

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Reset Form