

TRUST ACCOUNT	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
case name _____	Division _____	
Under the Will dated: _____ (date)		
Under Declaration of Trust dated: _____ (date)		

Trustee Information:

Name: _____
First Name
MI
Last Name

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

under trust section _____ for the benefit of _____

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

ANNUAL
 FINAL ACCOUNT
 AMENDED

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

If Final Account, indicate why: Appointment terminated Trust terminated Judicial Order

Summarize the financial activity below after completing the detailed accounting information in Schedules A, B, C, D, E and F. Attach additional sheets for each applicable schedule.

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 or the Fiduciary.

SUMMARY OF SCHEDULES

	TOTAL
SCHEDULE A - Principal amounts received:	\$ _____
SCHEDULE B - Principal payments and charges:	\$ _____
SCHEDULE C - Principal balance invested:	\$ _____
SCHEDULE D - Income received:	\$ _____
SCHEDULE E - Payments from income:	\$ _____
SCHEDULE F - Income balance:	\$ _____

I state under penalty of perjury that this is a true and complete report of the administration of this trust, 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 Trustee

Date _____
Signature of Co-Trustee (if applicable)

Attorney for Trustee:

Signature of Attorney

Print Name

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

(City/Town) (State) (Zip)

Primary Phone #: _____

BBO No.: _____

Email: _____