STATE OF MAINE

COUNTY PROBATE COURT

DOCKET NO.

Estate of _____ Decedent

CLOSING STATEMENT OF SMALL ESTATE UNDER 18-C M.R.S. §3-1204

1. Full legal name and address of Personal Representative:

2. Name and address of all distributees, and of all creditors or other claimants of whom the Personal Representative is aware whose claims are neither paid nor barred (attach additional sheets, if necessary):

Name	Address	Interest in Estate

- 3. To the best of the knowledge and belief of the undersigned, the value of this entire Estate, less liens and encumbrances, did not exceed homestead allowance, exempt property, family allowance, costs and expenses of administration, reasonable funeral expenses, and reasonable, necessary medical and hospital expenses of the last illness of the Decedent.
- 4. The undersigned has fully administered the Estate by disbursing and distributing it to the persons entitled thereto and has furnished a full account in writing of his administration to the distributees whose interests are affected.
- 5. The undersigned has sent a copy of this statement to each person listed in paragraph 2.

Dated:			

Personal Representative

DATED:

STATE OF MAINE

COUNTY

Personally appeared this day the above-named _______ and affirmed under penalty of perjury that the individual is the Personal Representative of this Estate, or is an officer authorized to act for a corporate Personal Representative, and that the facts set forth in the foregoing statement and attached account are true and accurate to the best of the individual's knowledge and belief.

Notary Public/Register of Probate/Attorney at Law

Typed or printed name of officer taking oath

NOTICE TO RECIPIENTS

If no proceedings involving the Personal Representative are pending in the Court one (1) year after this statement is filed, the appointment of the Personal Representative terminates.