



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

**STATE OF MAINE**

\_\_\_\_\_ COUNTY

DATED: \_\_\_\_\_

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.

MARP