Approved, SCAO JIS CODE: ACC FILE NO. **STATE OF MICHIGAN** ACCOUNT OF FIDUCIARY, LONG FORM **PROBATE COURT COUNTY OF** Number AMENDED In the matter of. In a quardianship or conservatorship, the ward's or protected individual's current address and telephone number are:  $_{\scriptscriptstyle -}$  , am the  $_{\scriptscriptstyle \overline{}$ 1. I, Name of the estate and submit the following as my account, which covers the period from Month, day, year \_ (may not exceed 12 months). Month, day, year 2. SUMMARY Balance on hand from last account, or value of inventory if first account ......\$ Total assets accounted for ......\$ Subtract disbursements in this accounting period (Total from Schedule B.)......\$ If additional sheets are required for Schedule A or B, place all itemization on those sheets and include only category totals on the schedules below. SCHEDULE B: Expenses, losses, and other disbursements, SCHEDULE A: Income and gain in this accounting period including distributions to devisees and beneficiaries Investment gain Investment loss Disposition gain, if any, from Schedule C Disposition loss, if any, from Schedule C **Total Income** Total Expense, Loss, and Gain and Disbursement (SEE SECOND PAGE) USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

SCHI DESCRIPTION	EDULE C: Gain DATE ACQUIRED	and loss on dis DATE SOLD/DISPOSED	position of assets VALUE AT TIME ACQUIRED BY FIDUCIARY	(Use only if needed.) PROCEEDS OF SALE/ DISPOSITION	GAIN (LOSS)
TOTAL GAIN (LOSS)					
SCHI	EDULE D: Item	ized assets rem	aining at end of acc	ounting period	
	If additional sheets	are required, indicat	te on Schedule "See attac	hed sheets."	
BALANCE OF ASSETS RE	MAINING (Show	this amount on sum	many)		
NOTE: In guardianships and con you must present to the court copies of which must reflect the value of all I	servatorships, exc of corresponding fin	ept as provided be ancial institution state	y MCR 5.409(C)(4), ements or you must file w		
The interested persons, add except as follows: (For each	resses, and their	representatives	are identical to those	appearing on the initial	application/petition,
<ul> <li>4. This account lists all income</li> <li>5.  This account is not being</li> <li>6.  My fiduciary fees incurred accounting period) are \$</li></ul>	filed with the cod during this account	urt. punting period (indicated) Attached ling period (include) Attached	cluding fees that have is a written description ling fees that have alro is a written description	already been approve n of the services perfor eady been approved ar n of the services perfor	d and/or paid for this med. nd/or paid for this med.
illioittiatiott, kilowiedge, and bei	iei.		Date		
Attorney signature			Fiduciary signature		
Attorney name (type or print)		Bar no.	Fiduciary name (type or p	orint)	
Address			Address		
City, state, zip		Telephone no.	City, state, zip		Telephone no.
(For accounts that must be filed with t			ESTED PERSONS		d announcete vol.

- 1. You must bring to the court's attention any objection you have to this account. Except in guardianships and conservatorships, the court does not normally review the account without an objection.
- 2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
- 3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310[C].)
- 4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
- 5. You must serve the objection on the fiduciary or his/her attorney.