



**B. DISBURSEMENTS**

Date of Payment	To Whom Paid	Purpose of Payment	Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**C. ASSETS ADDED**

Date	Description of Transaction	Gross Purchase Price	Value at date of acquisition if other than by purchase
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**D. ASSETS DELETED**

Date	Description of Transaction	Gross Sale Proceeds	Selling Costs	Carrying Value	Gain or (Loss)

**SUMMARY**

Total Income.....	\$	_____
Total Disbursements.....	\$	_____
Total Assets Added.....	\$	_____
Total Assets Deleted.....	\$	_____
Total Changes.....	\$	_____

A Summary of the Fiduciary Estate to be carried forward to next account:

A. REAL ESTATE	\$	_____
B. CASH & CASH EQUIVALENTS	\$	_____
C. PERSONAL PROPERTY	\$	_____
D. STOCKS	\$	_____
E. BONDS	\$	_____
F. OTHER	\$	_____
<u>TOTAL</u>	\$	_____

The Fiduciary bond, if any, has been filed in this action in the amount of \$ \_\_\_\_\_

**VERIFICATION:**

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Signature of the Fiduciary	Date	Signature of the Fiduciary	Date
_____	_____	_____	_____
Address		Address	
_____		_____	
City, State, Zip	Telephone	City, State, Zip	Telephone
_____	_____	_____	_____

\_\_\_\_\_  
Name of Fiduciary's Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Fax                      E-mail                      CPF ID No.