

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

**IN THE MATTER OF THE**

☐ **WRONGFUL DEATH TRUST**

☐ **2111.182 TRUST**

☐ **TESTAMENTARY TRUST**

☐ **SPECIAL NEEDS TRUST**

**FBO** \_\_\_\_\_, **BENEFICIARY**

**CASE NUMBER** \_\_\_\_\_

**TRUSTEE'S ACCOUNT**

The trustee offers an account of the trust, given below and on the attached itemized statement of receipts and disbursements, and accompanying vouchers. The trustee states that to their knowledge the account is correct, and asks that it be approved and settled.

**[Check one of the following four paragraphs]**

☐ This is a \_\_\_\_\_ partial account. A statement of the assets remaining in the trustee's hands is attached.

☐ This is a final account.

☐ This is a distributive account, and the trustee asks to be discharged from his trust upon its approval and settlement.

☐ This is a final and distributive account, and the trustee asks to be discharged from his trust upon its approval and settlement.

**[Complete if this is a partial account, or if one or more accounts have previously been filed in the trust]**

The period of this account is from \_\_\_\_\_ to \_\_\_\_\_

**[Complete if applicable]** Accounts previously filed in the trust, the accounting periods, and the trustee and attorney fees paid for each period, are as follows:

<b>Date Filed</b>	<b>Accounting Period</b>	<b>Fiduciary Fees Paid</b>	<b>Attorney Fees Paid</b>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

CASE NO. \_\_\_\_\_

This account is recapitulated as follows:

RECEIPTS

Personal property of decedent (not sold).....\$ \_\_\_\_\_

Proceeds from sale of personal property.....\$ \_\_\_\_\_

Real estate of decedent [not sold].....\$ \_\_\_\_\_

Proceeds from sale of real estate.....\$ \_\_\_\_\_

Income.....\$ \_\_\_\_\_

Other receipts.....\$ \_\_\_\_\_

**Total receipts**.....\$ \_\_\_\_\_

DISBURSEMENTS

Fiduciary fees [this accounting period].....\$ \_\_\_\_\_

Attorney fees [this accounting period].....\$ \_\_\_\_\_

Debts and claims against estate.....\$ \_\_\_\_\_

Other disbursements.....\$ \_\_\_\_\_

**Total disbursements**.....\$ \_\_\_\_\_

**BALANCE REMAINING IN TRUSTEE'S HANDS**.....\$ \_\_\_\_\_

\_\_\_\_\_  
Attorney for Trustee Signature

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Attorney Registration No. \_\_\_\_\_