

Name:
Address:

Phone:
Personal Representative

MONTANA _____ JUDICIAL DISTRICT COURT
FOR _____ COUNTY

IN THE MATTER OF THE ESTATE OF _____)
)
)
)
 _____ Deceased.)

PROBATE NO. _____

PERSONAL REPRESENTATIVES SWORN STATEMENT TO CLOSE ESTATE

_____, the Personal Representative of the above-named estate, states that:

1. He/She is the duly appointed, qualified and acting Personal Representative of the above-named estate.
2. He/She has published Notice to Creditors as provided in M.C.A. 72-3-801 and the time limitation for presentation of creditors' claims has expired.
3. He/She has fully administered the estate of the decedent by making payment, settlement, or other disposition of all claims which were presented, expenses of administration and estate, inheritance and other death taxes.
4. He/She has distributed the assets of the estate to the persons entitled to the assets in the amount and manner to which they are entitled as shown in the schedule attached hereto.

(ATTACHMENT)

5. He/She has sent a copy of this statement to all distributees of the estate and to all creditors or claimants of the estate of whom he/she is aware whose claims are neither paid nor barred, and he/she has furnished a full account in writing of his/her administration to the distributees, whose interests are affected thereby. (OR The sole residual distributee is the same person as the Personal Representative and therefore, no accounting is required.)

6. There has been filed with the Clerk of Court:

() A certificate from the Department of Revenue stating that no inheritance taxes are due

OR

() A certificate from the Department of Revenue stating the amount of tax due, and a receipt from the County Treasurer stating **that** any inheritance tax due on the assets has been paid.

(Where appropriate, add a statement that cash in the amount of \$_____ was withheld in a contingency fund for payment of inheritance tax, estate tax or income tax deficiencies.)

7. This statement is **filed** for the purpose of closing this estate and terminating the appointment of the undersigned pursuant to M.C.A. 72-3-1004.

DATED this ___ day of _____, 20__.

Name, Personal Representative

State of Montana)
 :SS
county of _____)

_____, Personal Representative for the estate of _____, personally appeared before me and acknowledged to me that **he/she** executed the same as such Personal Representative.

Subscribed and **sworn** to before me this __ day of _____, 20__.

Notary Public for the State of Montana.
Residing at _____, Montana.
My Commission expires _____