| STA                          | TE OF                          | NORTH         | l CAF       | ROLINA  |                          | File No.     |                                   |              |                            |         |
|------------------------------|--------------------------------|---------------|-------------|---|--------------------------|--------------|-----------------------------------|--------------|----------------------------|---------|
|                              |                                |               |             | _ County  |                          | In T         | he Genera<br>Superior C<br>Before |              | ision/                     | Э       |
|                              | IN THE                         | MATTER        | OF TH       | E ESTATE OF:  |                          | Α.           | CCOLINIT                          | •            |                            |         |
| Name                         |                                |               |             |   |                          |              | CCOUNT                            |              |                            |         |
|                              |                                |               |             |   |                          |              | JAL _                             | FINAL        |                            |         |
|                              | ceased                         | Minor         |             | Incompetent Trust   |                          |              | A-21-1, -21-2,                    |              |                            |         |
|                              |                                |               |             | g first duly sworn, say that th<br>as representative of this esta |                          | lete and a   | ccurate acco                      | ount of my   | y receipts                 | ,       |
|                              | g Period From                  | ouiei iians   | Sacions     | as representative or this esta                                    | Extending To             |              |                                   |              |                            |         |
|                              | •                              |               |             |   |                          |              |                                   |              |                            |         |
|                              |                                |               |             | PART I.   | SUMMARY                  |              |                                   |              |                            |         |
| 1. Sul                       | ototal Person                  | al Property   | on Inve     | ntory or Subtotal Personal Pi                                     | roperty Held/Invested    | as Shown     | on Last Acc                       | count \$     |                            |         |
|                              | us Loss from<br>lude or attach |               |             | roperty when Compared to '  | Value Listed on Inven    | tory or Pric | or Account                        | -  \$        |                            |         |
| 3. <b>SU</b>                 | BTOTAL                         |               |             |   |                          |              |                                   | \$           |                            |         |
| 4. Plu                       | s Total Rece                   | ipts as Sho   | wn on R     | everse [Part III.] (costs apply                                   | to this amount)          |              |                                   | + \$         |                            |         |
|                              | TAL ASSET                      | -             |             |   | ,                        |              |                                   | \$           |                            |         |
| 6. Min                       | us Disburse                    | ments (Deb    | ts or Exp   | enses) as Shown on Revers   | se [Part IV.]            |              |                                   | - \$         |                            |         |
| 7. <b>SU</b>                 | BTOTAL                         |               |             |   |                          |              |                                   | \$           |                            |         |
| 8. Min                       | us Distribution                | ons (Inherit  | ance to I   | leirs) as Shown on Reverse  | [Part V.]                |              |                                   | - \$         |                            |         |
| 9. <b>BA</b>                 | LANCE AT                       | END OF A      | CCOUNT      | ING PERIOD (When filing Fi  | nal Account, this shou   | ld equal ze  | ero.)                             | \$           |                            |         |
|                              |                                |               |             | PART II. BALANCE  | HELD OR INVEST           | TED          |                                   |              |                            |         |
|                              |                                |               | Annual A    | Account with assets remaining                                     | g in the Estate.)        |              |                                   |              |                            |         |
| 1. On                        | Deposit in B                   | anks, etc.    |             |   |                          |              | Account No.                       |              | Balan                      | ce      |
|                              |                                |               |             |   |                          |              |                                   | \$           |                            |         |
|                              |                                |               |             |   |                          |              |                                   | \$           |                            |         |
| 2 Inv                        | ested in Secu                  | urities etc   |             |   |                          |              |                                   | \$           |                            |         |
|                              | ngible Persor                  |               | ,           |   |                          |              |                                   | \$<br>\$     |                            |         |
|                              | BTOTAL - P                     |               |             | RTY   |                          |              |                                   | \$           |                            |         |
|                              |                                |               |             | d Not Sold (fair market value a                                   | ut date of death)        | \$           |                                   | Ψ            |                            |         |
|                              |                                |               |             | Under G.S. 28A-15-1   | it date of death)        |              |                                   | \$           |                            |         |
| 7. Oth                       |                                | 14 44         |             |   |                          |              |                                   | \$           |                            |         |
|                              |                                | Т             | OTAL B      | ALANCE HELD OR INVES  | ΓED (Must equal Balan    | ce shown     | in Part I. abo                    | <u> </u>     |                            |         |
| Vame An                      | d Address Of Fid               |               | Change Of   |   | Name And Address Of C    |              | Change O                          | - γ   ψ      |                            |         |
| varrio y ur                  | a madrood Grand                | sucially      | onungo or   |   | Name / ma / marross or o | o riadolary  | onange of                         | , , ida, 666 |                            |         |
| Signature Of Fiduciary Title |                                |               | Title       | Signature Of Co-Fiduciary Title                                   |                          |              |                                   |              |                            |         |
|                              | RN/AFFIRN                      |               |             | RIBED TO BEFORE ME  |                          |              |                                   |              |                            |         |
| Date                         |                                | Signature Of  | f Person Au | thorized To Administer Oaths                                      | Date                     | Signature    | Of Person Autho                   | orized To Ad | dminister Oa               | ıths    |
|                              | Deputy CSC                     |               | ant CSC     | Clerk Of Superior Court   | Deputy CSC               |              | istant CSC                        | Clerk        | Of Superior                | Court   |
| Nota                         | iry                            | ommission Exp | oires       |   | Date My Commission Ex    |              |                                   |              |                            | Notary  |
| SEAI                         | County Wh                      | ere Notarized |             |   | County Where Notarized   |              |                                   |              |                            | SEAL    |
| is                           | approve                        | ed 🗌 dis      | approved    |   | •                        |              |                                   | examined     | I. The acc                 | ount    |
| As<br>Date                   | this is the fir                |               | , the pers  | sonal representative is disch                                     | arged in accordance v    | with G.S. 2  | άA-23-1.                          | A            | stant CCC                  |         |
| 2016                         |                                |               | griature    |   |                          |              |                                   |              | stant CSC<br>: Of Superior | r Court |
| 4001                         | - 500 D 7/                     |               |             |   | 2 \                      |              |                                   | Olerk        | J. Jupenoi                 |         |

AOC-E-506, Rev. 7/14 © 2014 Administrative Office of the Courts

| PART III | IDTO   |
|----------|--------|
|          | $\sim$ |

- NOTES: 1. Rent from real property not willed to the estate goes to the heirs and is not a receipt of the estate.
  - 2. List loans to the estate for the purpose of paying claims.
  - 3. If a sale of personal property results in a gain over the value listed on the Inventory (AOC-E-505), list the gain as a receipt. If a sale results in a loss as compared to the value listed on the Inventory, report the loss on Side One, Part I of this form.
  - 4. Do not report, as a receipt, changes in value (when compared to the value listed in the Inventory) of items which have not been sold.
  - 5. If any real property willed to the estate has been sold, report the entire proceeds as a receipt.
  - 6. If any real property not willed to the estate has been sold in a special proceeding to create assets with which to pay claims of the estate, report as a receipt only that portion of the proceeds received from the Commissioners (the balance not needed to pay claims of the estate is distributed in the special proceeding).

| Date | Received From | Description                  | Amount Or Value |
|------|---------------|------------------------------|-----------------|
|      |               |                              | \$              |
|      |               |                              |                 |
|      |               |                              |                 |
|      |               |                              |                 |
|      |               |                              |                 |
|      |               |                              |                 |
|      |               |                              |                 |
|      |               |                              |                 |
|      |               |                              |                 |
|      |               | Total Erom Attachment If Any |                 |

Total From Attachment, If Any | \$

TOTAL PART III. \$

## PART IV. DISBURSEMENTS (Debts or Administrative Expenses)

- NOTES: 1. Disbursements are expenditures of and for the estate and do not include expenses regarding real property not willed to the estate.
  - 2. List payments to creditors out of loans to the estate, or reimbursements by the estate to persons who had directly paid creditors of the estate.
  - 3. Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of payments.

| Date | Paid Or Distributed To | Description | Amount Or Value |
|------|------------------------|-------------|-----------------|
|      |                        |             | \$              |
|      |                        |             |                 |
|      |                        |             |                 |
|      |                        |             |                 |
|      |                        |             |                 |
|      |                        |             |                 |
|      |                        |             |                 |
|      |                        |             |                 |
|      |                        |             |                 |
|      |                        |             |                 |

Total From Attachment, If Any \$

TOTAL PART IV. \$

## PART V. DISTRIBUTIONS (Inheritance to Heirs)

- **NOTES:** 1. Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of delivery or distribution.
  - 2. Attach itemized description of unrealized gains or losses or assets not sold but distributed. Do not include unrealized gain or loss amounts in Total Part V.

| Date | Distributed To                | Amount |  |
|------|-------------------------------|--------|--|
|      |                               | \$     |  |
|      |                               |        |  |
|      |                               |        |  |
|      |                               |        |  |
|      |                               |        |  |
|      |                               |        |  |
|      |                               |        |  |
|      |                               |        |  |
|      |                               |        |  |
|      | Total From Attachment, If Any | \$     |  |
|      | TOTAL PART V.                 |        |  |