| STATE OF MICHIGAN |
| ---: | ---: |
| PROBATE COURT |
| COUNTY | | ACCOUNT OF FIDUCIARY, LONG FORM |
| :---: |
| Number <br> Annual <br> $\square$ AMENDED <br> $\square$ Inal |
| Interim |

## CASE NO. and JUDGE

Court telephone no.

In the matter of
First, middle, and last name
In a guardianship or conservatorship, the ward's or protected individual's current address and telephone number are:

## 1. I,

## Name

 , am theof the estate and submit the following as my account, which covers the period from Month, day, year
to
Month, day, year

$$
\text { (may not exceed } 12 \text { months). }
$$

## 2. SUMMARY

Balance on hand from last account, or value of inventory if first account............................ \$
Add income in this accounting period (Total from Schedule A.).................................................. \$
Total assets accounted for.
\$

Total balance of assets remaining (Itemize and describe in Schedule D.)............................. \$ \$

Note: Do not provide financial account numbers on this form. If an account number is necessary to distinguish between accounts, put it on form MC 97 . 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 A: Income and gain in this accounting period |  | SCHEDULE B: Expenses, losses, and other disbursements, <br> including distributions to devisees and beneficiaries |  |
| ---: | :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Disposition gain, if any, from Schedule C |  |  |  |
| Investment gain |  |  |  |
| Total Income |  |  |  |
| and Gain |  | You must enter a number here, even if it is "0" <br> Disposition loss, if any, from Schedule C |  |
| Total Expense, Loss, |  |  |  |
| and Disbursement |  |  |  |

## Approved, SCAO

Form PC 584, Rev. 1/21
MCL 330.1631, MCL 700.3703(4), MCL 700.5418, MCR 5.308(A),
MCR 5.310(C), MCR 5.313, MCR 5.409
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$\qquad$

| SCHEDULE C: Gain and loss on disposition of assets (Use only if needed.) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DESCRIPTION | DATE ACQUIRED | $\begin{gathered} \text { DATE } \\ \text { SOLD/ } \\ \text { DISPOSED } \end{gathered}$ | VALUE AT TIME ACQUIRED BY FIDUCIARY | PROCEEDS OF SALE/ DISPOSITION | GAIN (LOSS) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TAL GAIN |  |  |  |  |  |

If gain, transfer to Schedule A. If loss, transfer to Schedule B.

| SCHEDULE D: Itemized assets remaining at end of accounting period <br> If additional sheets are required, indicate on Schedule "See attached sheets."  <br>   <br>   <br>   |
| :--- | :--- |

NOTE: In guardianships and conservatorships, except as provided by MCR 5.409(C)(4), you must present to the court copies of corresponding financial institution statements or you must file with the court a verification of funds on deposit, either of which must reflect the value of all liquid assets held by a financial institution dated within 30 days after the end of the accounting period.
3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/ petition, except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.)
4. This account lists all income and other receipts and expenses and other disbursements that have come to my knowledge.
5. $\square$ This account is not being filed with the court.
6. $\square$ My fiduciary fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are \$ $\qquad$ . Attached is a written description of the services performed.
$\qquad$ Attorney fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are \$ $\qquad$ . Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.
$\overline{\text { Date }}$

| Attorney signature |  | Fiduciary signature |  |
| :---: | :---: | :---: | :---: |
| Attorney name (type or print) | Bar no. | Fiduciary name (type or print) |  |
| Address |  | Address |  |
| City, state, zip | one no. | $\overline{\text { City, state, zip }}$ | Telephone no. |

(For accounts that must be filed with the court.) NOTICE TO INTERESTED PERSONS

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.
