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TO: COURT OF PROBATE, DISTRICT OF	DISTRICT NO.
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ESTATE OF	
	,deceased

FIDUCIARY'S NAME	POSITION OF TRUST
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The fiduciary hereby exhibits this account to said Court for allowance and makes oath that the same is a true and complete account of all receipts and disbursements made in said capacity.

The fiduciary represents that: all claims allowed against said estate have been fully paid; there are no claims now outstanding against the estate; and there are no heirs nor distributees other than those listed in the Application for Administration or Probate of Will or in the schedule of proposed distribution.

The fiduciary, therefore, makes application for an ascertainment of heirs and distributees and an order of distribution in accordance with the schedule of proposed distribution attached hereto. (*Conn. Probate Practice Book*, Rule 6.13.)  
 (For simple estates, use PC-242. For other estates, use this sheet for summation only and attach appropriate schedules. Attach Affidavit of Heirs, if required by the Court.)

THIS ACCOUNT CONSISTS OF PAGES.	DATE	The representations contained herein are made under the penalties of false statement.
		_____ Fiduciary's Signature