

4B-501

STATE OF NEW MEXICO
IN THE PROBATE COURT
_____ COUNTY

IN THE MATTER OF THE ESTATE OF
_____, DECEASED.

No. _____

ACCOUNTING

I, _____, the personal representative of the estate, have prepared an accounting of the administration of the estate.

I am sending a copy of this document to the distributees whose interest are affected by this accounting. The accounting is as follows:

Cash and Other Assets in the Estate

A. Items from Inventory (not sold)	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

B. Items Received Since the Making of Inventory (not sold)	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

C. Items Sold	Sales Price	Sales Expense	Net Amount Received
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

D. Income Received	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

5. _____ \$ _____

Total of Cash and Other Assets: \$ _____

Payments and Distributions

**A. Payments to Creditors and
for Expenses of Administration** **Amount Paid**

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____

B. Distributions to Devisees or Heirs **Value of
Distribution**

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____

Total of Payments and Distributions: \$ _____

*(Total of Cash and Other Assets
should equal Total of Payments and Distributions.)*

Signature of personal representative

Printed name

Address

Telephone number

[Approved, effective September 15, 2000.]