

STATE OF MAINE

_____ COUNTY PROBATE COURT

DOCKET NO. _____

Estate of _____
Deceased

SWORN STATEMENT OF
PERSONAL REPRESENTATIVE
CLOSING ESTATE UNDER
18-A MRSA § 3-1003¹

I, _____, the undersigned, verify as personal representative of this estate or successor thereof, the following to be true to the best of my knowledge:

1. Six months have expired since the date of original appointment of a personal representative and nine months have passed since the decedent's date of death;
2. The time limit for the presentation of creditors' claims has expired;
3. I further verify that I have: [Check (a) or (b) or both]
 - ____ (a) Fully administered the estate of the decedent by providing for the Homestead Allowance, Exempt Property and Family Allowance; by making payment, settlement, or other disposition of all claims which were presented; by paying the expenses of administration and estate, inheritance, and other death taxes; and that the assets of the estate have been distributed to the persons entitled thereto;
 - ____ (b) Made the following provisions as permitted by 18-A MRSA § 3-1003(a)(2):²

4. Sent a copy of this statement to all distributees, to all persons who would have a claim to succession under the testacy status upon which the personal representative is authorized to proceed, to all creditors or other claimants of whom the undersigned is aware whose claims are neither paid nor barred and to all persons who have filed a demand for notice;

5. Furnish a full account in writing of his administration to the distributees whose interests are affected thereby.

Dated: _____

Personal Representative

¹ Statement may not be used in supervised administration proceeding. Statement may be filed no earlier than six months after the date of original appointment of general personal representative.

² If any claims remain undischarged, the statement shall state whether the personal representative has distributed the estate subject to possible liability with the agreement of the distributees. It shall state in detail any other arrangements which have been made to accommodate outstanding liabilities.

STATE OF MAINE

_____, SS. _____, 20____

Personally appeared this day the above-named _____ and affirmed under penalty of perjury that the foregoing statements are true to the best of his knowledge and belief.

Before me,

Notary Public/Register of Probate/Attorney at Law

Typed or printed name of officer taking oath

For Notary Public: Date Commission Expires

NOTICE TO RECIPIENTS

If no proceedings involving the personal representative are pending in the Court one year after this statement is filed, the appointment of the personal representative terminates.

I certify that no alteration has been made to the official form as most recently approved and promulgated by the Supreme Judicial Court. I also certify that I have met the standards under M.R.Prob.P. 84(b).

Preparer Signature

Typed or Printed Name of Preparer