Decedent's Estate Administration Account (Short Form)
PC-242 REV. 7/19

RESET

CONNECTICUT PROBATE COURTS

RECEIVED:

Instructions:

1) A fiduciary may use this form to account for a decedent's estate unless the court has ordered the fiduciary to account for income and principal separately, or Probate Court Rules of Procedure, section 38.1 requires a separate principal and income accounting.
2) Report all assets at fiduciary acquisition value unless otherwise indicated. See Probate Court Rules of Procedure, section 36.14.
3) Attach supporting schedules as required under Probate Court Rules of Procedure, section 38.2(d).
4) The fiduciary must send a copy of this account to each party and attorney and certify to the court that a copy has been sent.
5) For further information, see C.G.S. section 45a-175 et seq. and Probate Court Rules of Procedure, rules 36 through 38.
6) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name **District Number**

Estate of Hereinafter referred to as the decedent

Fiduciary (Name, address and telephone number of each fiduciary) **Position of Trust**

The fiduciary represents that:

1) The following is a true and complete account of all assets of the decedent's estate and the fiduciary's receipts, payments and distributions.
2) All funeral expenses, taxes, administration expenses and all claims against the estate allowed by the fiduciary are shown below and have been fully paid, and there are no claims now outstanding against the estate.
3) All supporting records for this account have been retained as required by Probate Court Rules of Procedure, section 36.13, and the records are available for review upon request.

ASSETS AND INCOME RECEIVED BY FIDUCIARY

Total amount reported on the inventory as on file	
Total amount of additional assets received [*Attach schedule.*]	
Cash advanced to the estate by	
Does the person who advanced funds expect reimbursement? ☐ Yes ☐ No	
Income received [*Attach schedule.*]	
Gains realized on the sale of assets [*Attach schedule; if real property has been sold, attach settlement statement from closing in addition to schedule.*]	
Adjustments increasing fiduciary acquisition value [*Attach schedule.*]	
Total assets and income received by fiduciary:	0

Estate of

PAYMENTS AND DISTRIBUTIONS BY FIDUCIARY

Funeral expenses	
Administration expenses [*Attach schedule.*]	
Total amount of allowed claims as reported on PC-237, Return of Claims and List of Notified Creditors that were paid by the fiduciary	
Losses realized on the sale of assets [*Attach schedule; if real property has been sold, attach settlement statement from closing in addition to schedule.*]	
Adjustments decreasing fiduciary acquisition value [*Attach schedule.*]	
Distributions already made to heirs or beneficiaries [*Attach schedule of distributions at fiduciary acquisition value and fair market value.*]	
Assets on hand [*Attach schedule of assets on hand at fiduciary acquisition value and fair market value and schedules showing proposed distribution and reserve.*]	
Total payments and distributions by fiduciary:	0

CASH RECONCILIATION

Cash reported on inventory or last account	
Income	
Additional cash receipts	
Proceeds from sale of assets	
Other cash transactions	
Total cash received by fiduciary:	0
Funeral expenses	
Administration expenses	
Claims paid	
Distributions	
Other cash transactions	
Cash on hand	
Total cash payments and distributions by fiduciary:	0

WHEREFORE each fiduciary requests that the court approve this account, approve and order distribution in accordance with the schedule of proposed distribution attached hereto, and release each fiduciary from liability with respect to all items shown in this account.

The representations made in this account are made under penalty of false statement.

Signature of Fiduciary	Signature of Fiduciary
Type or Print Name	Type or Print Name
Date	Date

Estate of

CERTIFICATION

I certify that a copy of this account was sent to the following persons as provided in the Probate Court Rules of Procedure, section 30.12:

Name and Address

Signature of Fiduciary or Attorney

Type or Print Name

Date