

**IN THE PROBATE COURT OF COBB COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

ESTATE NO. _____

Deceased

Annual Return OR Final Return
(Circle one)

Personal Representative

DATES OF REPORTING PERIOD:
From _____ to _____

RETURN OF PERSONAL REPRESENTATIVE

SUMMARY:

- A. Beginning balance \$ _____
(\$0 for initial Return or Line E of previous year Return Summary)
- B. Total estate receipts/deposits/gains \$ _____
(from page 2, item a of this Return)
- C. Subtotal (add lines A and B above) \$ _____
- D. Total expenditures/distributions/losses \$ _____
(from page 3, item a of this return)
- E. Asset balance on hand (subtract D from C above) \$ _____
Note: statements reflecting these balances shall be included with your return
- F. Value of in-kind distributions \$ _____
(from page 3, item b of this return)

G. Undistributed assets (not otherwise accounted in line E above):
Real estate (list address(es)/description(s). These need not be detailed on page 2)

Other financial accounts/non-liquid assets (brokerage accounts, stocks, bonds, CDs, mutual funds, other securities)

Vehicles/boats/campers/trailers (list make/model/VIN)

Miscellaneous personal property/effects (list type/description)

Other (list description)

H. Current amount of bond \$ _____

INCOME

a. RECEIPTS/DEPOSITS/GAINS

[illegible]

b. ASSETS RECEIVED IN KIND (if any):

DATE	SOURCE/DESCRIPTION	VALUE
	TOTAL	

c. UNREALIZED GAINS (from undistributed investments):

DATE	SOURCE/DESCRIPTION	VALUE

If any difference between balance/value of asset on date of Decedent's death and amount recovered, explain:

DISBURSEMENTS

a. EXPENDITURES/DISTRIBUTIONS/LOSSES

[illegible]

b. REAL AND/OR TANGIBLE PROPERTY DISTRIBUTED IN KIND:

[illegible]

c. UNREALIZED LOSSES (from undistributed investments):

DATE	SOURCE/DESCRIPTION	VALUE
	TOTAL	

If applicable, please provide a note or memorandum of any other fact necessary to the exhibition of the true condition of the estate (O.C.G.A §53-7-67):

VERIFICATION AND CERTIFICATION BY PERSONAL REPRESENTATIVE

I/We, _____ (and _____),
have compared the original vouchers or other documents with the items listed on the return and
certify that this return is correct. Further, I/We have delivered a copy of this return to the heirs
or beneficiaries, and surety, if any, as reflected on the attached Certificate of Mailing.

Signature of Personal Representative

Signature of Co-Personal Representative, if any

Printed Name

Printed Name

Sworn to and subscribed before me, this _____
Day of _____, 20____.

Sworn to and subscribed before me, this _____
Day of _____, 20____.

Notary Public or Clerk of the Probate Court

Notary Public or Clerk of the Probate Court

Signature of Attorney: _____

Typed/printed name of Attorney: _____

Address: _____

Telephone: _____ State Bar # _____

IN THE PROBATE COURT OF COBB COUNTY
STATE OF GEORGIA

IN RE: ESTATE OF

ESTATE NO. _____

Deceased

Annual Return OR Final Return
(Circle one)

Administrator/Executor

DATES OF REPORTING PERIOD:
From _____ to _____

CERTIFICATE OF MAILING OF ANNUAL/FINAL RETURN

The undersigned certifies that, on this date, a copy of the annual/final return on the above Estate was provided by first-class mail, with adequate postage thereon, to the following persons (attach additional pages, if necessary):

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Signature of Personal Representative

Signature of Co-Personal Representative, if any

Printed Name

Printed Name