

**IN THE CHANCERY COURT FOR ANDERSON COUNTY, TENNESSEE**

ESTATE OF \_\_\_\_\_

NO. \_\_\_\_\_

**FINAL ACCOUNTING**

COMES NOW the personal representative in this matter respectfully submitting the attached Final Accounting to the Court.

The Totals for this Accounting are as follows:

**RECEIPTS: (List all assets of the estate and all receipts of the estate. Use additional sheets is necessary)**

Asset/Receipt	Account # or Description	Value

**DISBURSEMENTS: (List all payments made for debts, taxes, claims, administration expenses, etc. Use additional sheets is necessary)**

Disbursement/Payment	Description	Amount

**PROPOSED DISTRIBUTION TO BENEFICIARIES OR HEIRS: (Detail how the remaining assets of the Estate are to be distributed among the beneficiaries under the Last Will and Testament of the decedent or among the heirs at law of an intestate decedent. Use additional sheets if necessary.)**

Beneficiary/Heir at law	Description of Assets to be Distributed	Amount to be Distributed


**RECAPITULATION: (In order for an Estate to be closed as a fully administered estate the assets of the estate, minus the distributions/payments and distributions made to beneficiary/heirs must result in a zero balance.)**

**RECEIPTS** \$ \_\_\_\_\_  
**Less Distributions/Payments** -\$ \_\_\_\_\_  
**Subtotal** \$ \_\_\_\_\_  
**Less Distribution to Beneficiaries/Heirs** -\$ \_\_\_\_\_  
**Total (must be zero)** \$ \_\_\_\_\_

I, \_\_\_\_\_, personal representative swear or affirm that this settlement of the accounts exhibits a full, true, and just statement of each and every asset which should be charged, and the credits to which are entitled, to the best of my knowledge and belief.

\_\_\_\_\_  
 Personal Representative

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed to and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Commission Expiration Date

\_\_\_\_\_  
 Notary Public

**NOTICE OF HEARING**

To the Beneficiaries/ Heirs at Law of the Estate of \_\_\_\_\_,

(List the Name and Address of all Beneficiaries/Heirs at Law)  
attach additional sheets if necessary

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

you are hereby notified that on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, this proposed Final Accounting will be heard before the Honorable M. Nichole Cantrell, Chancellor, at 9:00 a.m. in the Anderson County Chancery Court, located at 100 N. Main Street, Clinton, Tennessee, 37716. You may attend and witness said accounting, and take such part therein as the law entitles you to take. All objections to this proposed Final Accounting shall be made on or before the date of this hearing.

ENTER THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
**M. NICHOLE CANTRELL**  
**CHANCELLOR**

Certificate of Service:

I, \_\_\_\_\_, the Petitioner, hereby certify that a copy of this Final Accounting and Notice of Hearing has been served on the above listed beneficiaries/heirs at law of this estate, by placing the same in the United States Mail, postage prepaid this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
address

\_\_\_\_\_  
city, state, zip