

Fiduciary Services, Inc.

1890 S 14th Street, Suite 230 - Amelia Island, FL 32034
PH: (904) 491-1150 \ \ FX: (716) 568-8435 \ \ Sally@court-accounting.com

ESTATE ACCOUNTING REQUEST FORM

Date: _____

Contact: _____ Telephone: _____

Fax: _____ Office: _____ Email Address: _____

Other Contact or Assistant: _____ Telephone: _____

Fax: _____ Office: _____ Email Address: _____

Account Name – abbreviated to show on bottom of schedules:

_____ Account # _____

County: _____ File# _____

Type of Settlement (Please Circle): Judicial Non-Judicial

Period of Accounting: _____ to _____ or present.
(date opened or beginning date of accounting)

Date of Death: _____

Date of Issuance of Letters: _____

REQUIRED DOCUMENTS:

1. Completed Accounting Request Form
 2. Full title of account.
 3. Opening inventory or estate tax return.
 4. Statements covering the period including the date of death through the ending date of the accounting. Statements must be provided for all accounts in the name of the decedent from the date of death through closing.
 5. Statement of assets on hand with market values as of ending date of accounting.
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