JIS Code: ACC

STATE OF MICHIGAN PROBATE COURT COUNTY	Annual	CIARY, LONG FORM ☐ Final ☐ Interim ENDED	CASE NO. and JU	JDGE
Court address				Court telephone no
In the matter ofFirst, middle, and last name				
In a guardianship or conservatorship, the	ne ward's or protected	d individual's current ad	dress and telephon	e number are:
1. I,		, am the		
of the estate and submit the following	g as my account, whi	ch covers the period fro	Month day year	
	_ (may not exceed 12		Month, day, year	
Month, day, year 2. SUMMARY Balance on hand from last accounting part of the secounting part of the secounted for Subtract disbursements in this Total balance of assets rer	period (Total from Schedu accounting period (To	ıle A.)tal from Schedule B.)	\$ \$ \$	
Note: Do not provide financial account numbers of lf additional sheets are required for Schedule A of	on this form. If an account r r B, place all itemization or	number is necessary to disting	uish between accounts, nly category totals on the	put it on form MC 97.
SCHEDULE A: Income and gain in this		tions to devisees an		
Investment ga	ain		Investment loss	
Disposition gain, if any, from Schedule		You must enter a number h	ere, even if it is "0"	
Total Incon		1	y, from Schedule C al Expense, Loss,	

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Case	Nο				

SC	HEDULE C: Gain a		position of assets	(Use only if needed.)	
DESCRIPTION	DATE ACQUIRED	DATE SOLD/ DISPOSED	VALUE AT TIME ACQUIRED BY FIDUCIARY	PROCEEDS OF SALE/ DISPOSITION	GAIN (LOSS)
TOTAL GAIN (LOS					
If gain, transfer to Schedule A	. If loss, transfer to Sche	edule B.			
	UEDIII E Di Itamia	and annote rom	aining at and of ac	counting poriod	
50			aining at end of ac e on Schedule "See atta		
BALANCE OF ASSETS R	REMAINING (Show th	nis amount on sumn	nary.)		
NOTE: In guardianships and confinancial institution statements or held by a financial institution date	you must file with the c	ourt a verification o	f funds on deposit, either		
The interested persons, petition, except as follow		•			
4. This account lists all inco			es and other disburs	ements that have come	to my knowledge
5. ☐ This account is not be	eing filed with the c	ourt.			
6. \square My fiduciary fees incu	urred during this acc	counting period	(including fees that	have already been app	roved and/or pai

for this accounting period) are \$ ______. Attached is a written description of the services performed.

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7. Attorney fees incurred during this accounting per	riod (incl	uding fees that have already been app	proved and/or paid fo		
this accounting period) are \$	Attao	ched is a written description of the ser	vices performed.		
I declare under the penalties of perjury that this accour of my information, knowledge, and belief.	nt has be	en examined by me and that its conter	nts are true to the bes		
		Date			
Attorney signature		Fiduciary signature			
Attorney name (type or print)	Bar no.	Fiduciary name (type or print)			
Address		Address			
City, state, zip Teleph	none no.	City, state, zip	Telephone no		
(For accounts that must be filed with the court.) NOTICE TO	INTERE	STED PERSONS			

- 1. You must bring to the court's attention any objection you have to this account. Except in guardianships and conservatorships, the court does not normally review the account without an objection.
- 2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
- 3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310[C].)
- 4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
- 5. You must serve the objection on the fiduciary or his/her attorney.