## **Probate Court of Rockdale County State of Georgia**

Estate Number:		
Estate of:		
Personal Representative(s):		
	ESTATE ANNUAL RETURN	

## (All receipts received and disbursements made for this account for the ward or minor) Account Number: \_\_\_\_\_ located at \_\_\_\_\_ (Bank/Institution) Dates for Report Period---- From: \_\_\_\_\_ to \_\_\_\_

		Balance from last return if applicable			\$
Date of Transaction	Check #	Party to whom check or debit made w/ Explanation of Expense	Deposit/ Source of Deposit	Amount	Account Balance
				\$	\$
				\$	\$
				\$	\$
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Estate Number:				
Estate of: Personal Representative(s):				
Tersonal representative(s).				
	SUMMARY RI	EPORT		
Balance from last report		<b>S</b>		
Interest to Date	(add)	\$		
Total Deposits	(add)	\$		
Total Disbursements	(subtract)	\$		
<b>Total Now Held in this</b>		\$		
Account (Must match your				
supporting bank statements)				
Other Accounts	Name of Company and Account Number	Value		
	Account Number	\$		
		\$		
		\$		
		\$		
		\$		
<b>Total of Other Accounts</b>		\$		
<b>Total of Checking Account</b>		\$		
Grand Total of Estate (must match the totals of your supporting financial documents)		<b>\$</b>		
		this report in the presence of a notary or one ccepted <b>WITHOUT</b> proper attestation before a		
Representative:		Representative:		
Sworn to and subscribed before day of		Sworn to and subscribed before me this day of, 20		
Notary or Clerk of Probate Court		Notary or Clerk of Probate Court		
Attorney for Conservator if App	licable	Reviewed and Approved:		
State Bar Number:		Gary W. Washington, PROBATE JUDGE		

## IN THE PROBATE COURT OF ROCKDALE COUNTY STATE OF GEORGIA

IN RE: ESTATE OF	)						
DECEASED	) ESTATE NO						
CERTIFICATE OF SERVICE							
I certify that I have this postage affixed thereto for Firs	date mailed (unless otherwise noted), in an envelope with the proper c-Class Mail delivery copies of the						
to the following parties at the a	ddresses below:						
Name/Address							
Name/Address							
Name/Address							
Name/Address							
This day of							
	Personal Representative						
	Address						
	City/State/Zipcode						
	Telephone						