

United States of America

State of West Virginia



County of Harrison, ss:

ESTATE OF _____, DECEASED

Social Security No: _____

Date of Death: _____

Report of Receipts, Disbursements and Distribution; Affidavit

filed by _____, _____ of the estate of _____, as provided by Chapter 44, Article 2, Section 1(b), of the Code of West Virginia, as amended.

RECEIPTS: (Monies/Income; Proceeds from Sale of Real and/or Personal Property; Interest; Refunds; Advances, Etc.)

Table with 3 columns: Date Received, Source, Amount. Includes a TOTAL RECEIPTS row at the bottom.

DISBURSEMENTS: (Paid from Estate Monies/Receipts listed above)

Table with 3 columns: Date Paid, Payable to, Amount. Includes a TOTAL DISBURSEMENTS row at the bottom.

DISTRIBUTION:

TOTAL DISTRIBUTION:

=====

AFFIDAVIT:

_____ Date _____

STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, to-wit:

Before the undersigned authority, authorized by law to administer oaths in cases of this character, this day personally appeared _____, _____ of the Estate of _____ deceased, who being by me first duly sworn, did depose and say:

That the foregoing Report, dated the _____ day of _____, _____, is a true and correct Report of all Receipts, Disbursements and Distributions made by me as Administrator/rix through the _____ day of _____, _____.

The foregoing instrument was acknowledged before me this _____ day of _____, _____.

My Commission expires: _____.

NOTARY SEAL

Notary Public

STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, to-wit:

I, John R. Spires, Clerk of the Harrison County Commission of said County, do hereby certify that the foregoing writing was this day examined and confirmed by said Commission, there having been no exceptions or objections filed thereto.

Given under my hand this _____ day of _____, _____.

John R. Spires
Clerk of the Harrison County Commission

By _____