\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name of person filling out form)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(mailing street address)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(city, state, zip)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(phone #)*

**Petitioner Pro Se**

**In the \_\_\_\_ Judicial District Court of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County,**

**State of Montana**

|  |  |  |  |
| --- | --- | --- | --- |
| In the Matter of the Estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*name of person who died*) Deceased.  |  |  | *(To be filled in by court)*Cause No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Personal Representative’s Verified Closing Statement** |

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (*your full name*)

I am the Personal representative for the Estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*name of person who died*)

This is my sworn statement to close the estate:

1. As far as I know, the value of the estate of the person who died, subtracting liens and encumbrances, does not exceed the homestead allowance, exempt property, family allowance, costs and expenses of administration, reasonable funeral expenses, and reasonable, necessary medical and hospital expenses for the deceased person.
2. I fully administered the estate. I distributed and disbursed the estate to the people who were entitled to it. If estate taxes were due, I paid them.
3. I have sent a copy of this closing statement to everyone who received any part of the estate, and to all creditors or other claimants whose claims have not been paid and are not barred. I have given a full account in writing of the administration to any person affected by the administration of the estate.

STATE OF MONTANA

 :ss

County of \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn on oath, says:
 (*print your name*)

I have read the statements above and they are true to the best my knowledge.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*sign in front of Notary Public*)

 Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*print your name*)

(*Rest of form to be filled in by Notary Public*)

SIGNED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Printed)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SEAL) Notary Public for the State of Montana

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_