CAUSE NO.		
IN RE: THE ESTATE OF DECEASED	§ § § §	IN THE COUNTY COURT AT LAW NO VICTORIA COUNTY, TEXAS
An	NNUAL ACCOU	J <u>NT</u>
Comes now,accordance with Section 399 of the following:	, decea	ased and files this annual account in
	I.	
Administrator was appointed person order of this Court dated the that time, Administrator has adminithe Texas Probate Code.	day ofstered this estate	of the estate of the deceased by Since in accordance with the provisions of
	II.	
proper vouchers in support of each a value of the estate at the beginning	item not previous of this accounting	,, and is accompanied with sly reported to the Court. The total
	III.	
The following claims against the esaccounting period, and were approve		esented to Administrator during this
	IV.	
All the property belonging to this esknowledge of Administrator has preand reports filed with this Court, to	eviously been liste	ed and inventoried in the pleadings
	V.	

List net changed in value of assets (if any)

The following is a complete list of all revenues and income received by Administrator for the benefit of the estate during the period covered by this account:

DATE	SOURCE			<u>AMOUNT</u>
	TOTA	AL RECEIPTS:	S	
		,	VII.	
claims sh		ph III) made by Ac		(other than payment of efit of the estate during
DATE	PAYEE	<u>PURPOSE</u>		<u>AMOUNT</u>
	TOTAL 1	DISBURSEMENT	<u>ΓS:</u> \$	
		•	/III.	
	he following is s of Administrat	-	property, other than ca	sh assets, remaining in
<u>DESCRI</u>	PTION_			<u>VALUE</u>
			IX.	
deposit a		_	Administrator is located al letter, Exhibit "A", fr	_
NAME (OF DEPOSITO	<u>ORY</u>	ACCOUNT NO.	<u>AMOUNT</u>
	TOTAL CA	SH ON HAND:	\$	
			X.	
A	ll tax returns du	ie have been filed a	and all taxes due and ov	ving have been paid

All tax returns due have been filed and all taxes due and owing have been paid.

AMOUNT OF TAX DATE PAID GOVERNMENTAL ENTITY PAID

(If any tax return due to be filed or any taxes due to be paid are delinquent, describe the delinquency and reasons for the delinquency)

XI.

The administrator has paid all the required bond premiums for the accounting period.

PREMIUM PAID NAME OF SURETY

<u>XII.</u>

The following is a summary and reconciliation of the foregoing paragraphs of this account:

A. CHANGES IN ESTATE

Paragraph IX. Total Cash on hand:

Paragraph II. Value of assets on date of last annual account:	\$
Paragraph III. Total Claims Paid:	-\$
Paragraph IV. Property not previously reported	\$
Paragraph V. Net changes in value of asset:	+ or - \$
Paragraph VI. Total Receipts:	\$
Paragraph VII. Total disbursements:	-\$
TOTAL VALUE OF ESTATE: \$	
B. ASSETS REMAINING IN ESTATE	
Paragraph VIII. Total non-cash assets being administered:	\$

TOTAL NET VALUE OF ESTATE: \$

\$

XIII.

The following debts and expenses of the estate have not been paid and are presently due and owing by the estate:

Administrator
Attorney Information:
Name:
State Bar No. Address:
Telephone:
Fax:
T with
<u>VERIFICATION</u>
STATE OF TEXAS } COUNTY OF VICTORIA }
I, having been duly sworn, hereby state on
oath that the foregoing Annual Account contains a true and complete statement of the matters to which it relates, and that all the contents and exhibits thereof are true, complete, and correct in every aspect.
Administrator
1 tollimistrator
SWORN TO and SUBSCRIBED BEFORE ME by
, on this day of
,, to certify which witness my hand and seal of office

Notary Public, State of Texas

Administrator requests that citation and notice be issued and served as required by

law; that the Court examine and approve this account and order Administrator to pay the

outstanding debts and expenses of the estate.