

BEFORE THE REGISTER OF WILLS FOR _____, MARYLAND

Estate of: _____ Estate No: _____

Date of Death: _____ Date of Appointment of
Personal Representative: _____

FINAL REPORT UNDER MODIFIED ADMINISTRATION
(Must be filed within 10 months after the date of appointment)

I, Personal Representative of the estate, report the following:

1. The estate continues to qualify for Modified Administration as set forth in the Election for Modified Administration on file with the Register of Wills.
2. Attached are the following Schedules and supporting attachments:

Total Schedule A:	Reportable Property	\$ _____
Total Schedule B:	Payments and Disbursements	\$ _____
Total Schedule C:	Distribution of Net Reportable Property	\$ _____

3. I acknowledge that:

- (a) Final distributions shall be made within 12 months after the date of my appointment as personal representative.
- (b) The Register of Wills and Orphans' Court are prohibited from granting extensions of time.
- (c) If Modified Administration is revoked, the estate shall proceed under Administrative Probate, and I will file a formal Inventory and Account, as required, until the estate is closed.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief and that any property valued by me which I have authority as personal representative to appraise has been valued completely and correctly in accordance with law.

Attorney Signature

Personal Representative
Date

Address

Personal Representative
Date

Address

Personal Representative
Date

Telephone Number

**CERTIFICATE OF SERVICE OF
FINAL REPORT UNDER MODIFIED ADMINISTRATION**

I hereby certify that on this _____ day of _____, _____, I delivered or mailed, postage prepaid, a copy of the foregoing Final Report Under Modified Administration and attached Schedules to the following persons:

Names

Addresses

Attorney

Personal Representative

Address

Personal Representative

City, State, Zip Code

Telephone Number

FOR REGISTER OF WILLS USE

Distributions subject to collateral tax at	%	_____	Tax thereon	_____
Distributions subject to collateral tax at	%	_____	Tax thereon	_____
Distributions subject to direct tax at	%	_____	Tax thereon	_____
Distributions subject to direct tax at	%	_____	Tax thereon	_____
Exempt distributions to spouse		_____		
Exempt distributions to charities		_____		
Exempt distributions to persons		_____		
not exceeding \$150 (decedents dying prior to 1/1/98)		_____		
not exceeding \$1,000 (decedents dying on or after 1/1/98)		_____		
Total Inheritance Tax due				_____
Total Inheritance Tax paid				_____
Gross estate		_____	Probate Fee and Costs Collected	_____

RW 1144

(When filing RW 1143, this form must be included)

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