

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

**FINAL REPORT UNDER MODIFIED ADMINISTRATION
SUPPORTING SCHEDULE A
Reportable Property**

Estate of: _____

Estate No: _____

<u>Item No.</u>	<u>Description</u>	<u>Basis of Valuation</u>	<u>Value</u>
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**TOTAL REPORTABLE PROPERTY OF THE DECEDENT
(CARRY FORWARD TO SCHEDULE C)**

\$ _____

INSTRUCTIONS

ALL REAL AND PERSONAL PROPERTY MUST BE INCLUDED AT DATE OF DEATH VALUE. THIS DOES NOT INCLUDE INCOME EARNED DURING ADMINISTRATION OR CAPITAL GAINS OR LOSSES REALIZED FROM THE SALE OF PROPERTY DURING ADMINISTRATION. ATTACHED APPRAISALS OR COPY OF REAL PROPERTY ASSESSMENTS AS REQUIRED:

1. Real and leasehold property: Fair market value must be established by a qualified appraiser. For decedents dying on or after January 1, 1998, in lieu of a formal appraisal, real and leasehold property may be valued at the full cash value for property tax assessment purposes as of the most recent date of finality. This does not apply to property tax assessment purposes on the basis of its use value.
2. The personal representative may value: Debts owed to the decedent, including bonds and notes; bank accounts, building, savings and loan association shares, money and corporate stocks listed on a national or regional exchange or over the counter securities.
3. All other interests in tangible or intangible property: Fair market value must be established by a qualified appraiser.

ATTACH ADDITIONAL SCHEDULES AS NEEDED

**FINAL REPORT UNDER MODIFIED ADMINISTRATION
SUPPORTING SCHEDULE B
Payments and Disbursements**

Estate of: _____

Estate No: _____

<u>Item No.</u>	<u>Description</u>	<u>Amount paid</u>
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**TOTAL DISBURSEMENTS:
(CARRY FORWARD TO SCHEDULE C)**

\$ _____

INSTRUCTIONS:

1. Itemize all liens against property of the estate including mortgage balances.
2. Itemize sums paid (or to be paid) within 12 months from the date of appointment for: debts of the decedent, taxes due by the decedent, funeral expenses of the decedent, family allowance, personal representative and attorney compensation, probate fee and other administration expenses of the estate.

ATTACH ADDITIONAL SCHEDULES AS NEEDED

**FINAL REPORT UNDER MODIFIED ADMINISTRATION
SUPPORTING SCHEDULE C
Distributions of Net Reportable Property**

Estate of: _____ Estate No: _____

1. SUMMARY OF REPORTABLE PROPERTY

TOTAL FROM SCHEDULE A _____

TOTAL FROM SCHEDULE B _____

TOTAL NET REPORTABLE PROPERTY (SCHEDULE A MINUS SCHEDULE B) _____

2. SPECIFIC BEQUESTS (If applicable)

<u>Name of Legatee or Heir</u>	<u>Distributable Share of Reportable Estate</u>	<u>Inheritance Tax Thereon</u>
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3. DISTRIBUTION OF BALANCE OF ESTATE

<u>Name of Legatee or Heir</u>	<u>Distributable Share of Reportable Estate</u>	<u>Inheritance Tax Thereon</u>
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Total Reportable Distributions	\$ _____
Inheritance Tax	\$ _____

ATTACH ADDITIONAL SCHEDULES AS NEEDED

**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 _____
(Identity of the Recipient)

Exempt distributions to _____
(Identity of the Recipient)

Exempt distributions to _____
(Identity of the Recipient)

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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