

THIS MUST BE FILLED IN!

ESTATE OF: _____

DATE: _____ **CASE #** _____ **-H-** _____ - _____

BEGINNING BALANCE: \$ _____

Any income: i.e. SS checks,
Interest on accounts, cash, etc. \$ _____

=

Total \$ _____

Any disbursements:
i.e. medical bills, nursing care,
insurance premiums, etc.
**(attach copies of receipts and/or
cancelled checks)** \$ _____

=

Ending Balance Total \$ _____

Balance Carried Forward:
(attach copy of bank statement
showing ending balance-this
figure should match ending balance) \$ _____

AOC-846
Rev. 3-00
Page 1 of 2
Commonwealth of Kentucky
Court of Justice
KRS 395.600 - .657

Doc. Code: SET



Case No. _____
Court _____
County _____
Division _____

_____ SETTLEMENT of _____ as _____
of the _____

Date		Voucher No.	Receipts		Disbursements	

Date		Voucher No.	Receipts		Disbursements	
Total Receipts and Disbursements						

To The Judge of The _____ District Court:

I hereby certify that the foregoing is a true and correct statement of the amounts received and paid out by me as

_____ of the _____
 _____ from _____ to this date.

Subscribed in my presence, and sworn to before me by the said _____ this the _____ day of _____ in the year _____.

Notary Public, _____
 County, _____. My commission as Notary Public will expire _____

 Attorney Name & Address (If any)

It is now ordered that this Settlement be filed in the Clerk's office; advertised in accordance with statutory regulations; and continued for exceptions.

_____ Judge

Noted of record, and filed therein, this _____

_____ Clerk

By _____, D.C.

Having been appropriately advertised on _____

_____, and no exceptions having been filed, this Settlement is now approved; ordered recorded; the estate now closed; the personal representative discharged; and the surety relieved effective this date.

_____ Judge