0	\sim	No.	
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SUPREME COURT OF YUKON

ESTATE OF	, Deceased
	, Decease

STATEMENT OF ACCOUNT

I, [name, address and occupation of administra OATH (OR SOLEMNLY AFFIRM) AND SAY T	• • • • • • • • • • • • • • • • • • • •
Attached as Exhibit A is a Statement of Accommodate	ount for the Estate of
2. The information set out in this Statement of the best of my knowledge.	Account is true and complete to
SWORN (OR AFFIRMED) before	
me at, inon this	
day of, 20	
A Notary Public in and for the Yukon Territory	Administrator

STATEMENT OF ACCOUNT FOR THE ESTATE OF _____ DECEASED

For the period from [insert commencement date] to [endate of this Statement of Account]	effective		
1. In this Statement of Account, the commencement date means:			
•	if one or more statements of account have been filed in respect of the estate under Rule 64 (63), the effective date of the most recent		
2. This Statement of Account consists of the following:			
(a) Statement of Assets and Liabilities of the Estate of as at [commencement date]			
(b) Statement of Capital Transactions of the Estate of			
(c) Statement of Income Transactions of the Estate of			
(d) Statement of Assets and Liabilities of the Estate of as at [effective date]	:		
(e) [include only if remuneration is sought at this time] Statemer Proposed Remuneration in relation to the Estate of	it of		
(f) Statement of Distribution of the Estate of (g) Statement of Proposed Distribution of Residue of the Estate ——————————————————————————————————	of ;		
This is Exhibit A referred to in the affidavit of made before me at this day of, 20			
A Notary Public in and for the Yukon Territory			

STATEMENT OF ASSETS AND LIABILITIES OF THE ESTATE OF _____

Item	Assets [describe estate assets, or include that information in an attached Schedule and bring forward totals here]	Asset Values [set out fair market value as at the effective date of this Statement of Account]
A1		
A2		
		Total asset values:
Item	Liabilities [describe liabilities of estate, or include that information in an attached Schedule and bring forward totals here]	Liabilities [set out amount of liability as at commencement date]
B1		
B2		
		Total amount of liabilities:

STATEMENT OF CAPITAL TRANSACT	ONS
OF THE ESTATE OF	

For the period from [insert commencement date] ______to [insert effective date of this Statement of Account] _____

Item	Transaction [describe transactions, or include that information in an attached Schedule and bring forward totals here]	Debit	Credit
C1			
C2			
		Total of debits:	Total of credits:

STATEMENT OF INCOME TRANSACTIONS OF THE ESTATE OF _____

For the period from [insert commencement date]	
to [insert effective date of this Statement of Account]	

Item	-	Transaction [describe transactions, or include that information in an attached Schedule and bring forward totals here]	Debit	Credit
D1				
D2				
			Total of debits:	Total of credits:

STATEMENT OF ASS	ETS AND LIABILITIES
OF THE ESTATE OF	

AS AT [insert effective date of this Statement of Account] _____

Item	Assets [describe each estate asset, or include that information in an attached Schedule and bring forward totals here]	Asset Values [set out fair market value as at the effective date of this Statement of Account]
E1		
E2		
		Total asset values:

Item	Liabilities [describe each liability of estate, or include that information in an attached Schedule and bring forward totals here]	Liabilities [set out amount of liability as at the effective date of this Statement of Account]
F1		
F2		
		Total amount of liabilities:

STATEMENT OF PROPOSED RENUMERATION IN RELATION TO THE ESTATE OF _____

[complete if remuneration is sought at this time]

Сар	Capital Fee			
(A)	Proceeds of disposition of capital assets realized since the commencement date:	\$		
(B)	Market value of capital assets, realized or transferred since the commencement date, in respect of which no proceeds of disposition have been obtained:			
(C)	Current value of unrealized capital assets included, on the commencement date, in the estate:	\$		
(D)	Gross aggregate value of capital assets of estate - [(A) + (B) + (C)]	\$		
(E)	Capital Fee: (D) x% [insert claimed percentage, up to a maximum of 5%]	\$		

Inco	ome Fee	
(F)	Gross income earned by the estate for period from [commencement date]to [effective date of this Statement of Account] except interest income already capitalized and included in (D)	\$
(G)	Income Fee: (F) x % [insert claimed percentage, up to a maximum of 5%]	\$
[pre folic	e and Management Fee pare one set of the following calculations for each reporting owing the commencement date, where a reporting period is r, or portion, from date of death to the date of final distribute	s each calendar
(H)	Market value of estate assets as at the beginning of the reporting period	\$
(1)	Market value of estate assets at the end of the reporting period	\$
(J)	Average market value of estate assets for the reporting period [(H) + (I)] / 2	\$

(K) Care and Management Fee for reporting period: [(J) x 0.4%]	\$
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Total of Fees Claimed			
(L)	Total remuneration sought - [(E) + (G) + (the total of every (K) determined for a reporting period following the	\$	
(L)	5 1 , , , ,	Φ	

STATEMENT OF DISTRIBUTION OF THE ESTATE OF ______ Specific Bequests and Legacies

Item	Distribution (Yes/No)	Date of distribution	Beneficiary

Residue of Estate

(R1)Market value of estate assets at effective date of this statement of account	
(R2)Applicant's estimated reserve for final income tax accounting and legal costs and remuneration	
(R3)Distributable Estate (R1) - (R2)	

STATEMENT OF PROPOSED DISTRIBUTION OF RESIDUE OF THE ESTATE OF _____

, , ,	Assets [identify assets	Cash [indicate amount of
beneficiaries who receive	distributed to the named	cash distributed to the
assets or cash from	beneficiary and their	named beneficiary]
residue]	market value]	
(Name)		