

# CERTIFICATE OF SERVICE OF FINAL REPORT UNDER MODIFIED ADMINISTRATION

IN THE ESTATE OF: \_\_\_\_\_

ESTATE NO. \_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Email Address

**FOR REGISTER OF WILLS USE**

		Tax Thereon
Distributions subject to tax at _____ %	_____	_____
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 & Costs Collected	_____