

**Verified Statement and Final Estate Accounting Checklist**

**Decedent's Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

Affidavit of Publication (ORS 113.155)

Expiration date \_\_\_\_\_

Affidavit of Mailing Notice ORS 113.145(4)

DHS Notification ORS 113.145(6)

Affidavit of Compliance ORS 115.003

Tax Language ORS 116.083 (4)(a) & (b)

Affidavit Mailing Notice of Distribution (ORS 116.013)

Notice to required parties (date): \_\_\_\_\_ (and)

Notice period end date: \_\_\_\_\_

Waiver/consents

Affidavit of Attorney Fees UTCR 09-060

Itemized?

Fees: Atty: \$ \_\_\_\_\_ PR: \$ \_\_\_\_\_ Requested Reserve \$ \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Amended: \$ \_\_\_\_\_

Claims: \_\_\_\_\_

Statement All Claims Paid

<b>Who</b>	<b>Amount of Claim</b>	<b>Disallowed/Explanation</b>

Distribution: \_\_\_\_\_

Special Agreement

<b>Name</b>	<b>Distribution (Percentage of Real or Personal Property)</b>

Date of Review: \_\_\_\_\_ Name: \_\_\_\_\_