

Case No. \_\_\_\_\_ Calendar \_\_\_\_\_

Estate of \_\_\_\_\_  
Deceased

This form is not required to be filed with the Court.

**APPROVAL BY BENEFICIARY OF TRUST ON CLOSING OF DECEDENT'S ESTATE\***

I, \_\_\_\_\_, acknowledge that I have received copies of the representative's inventory and accounting and (if independent administration) a copy of the representative's final report.

I approve the accounting, and I consent to the fees of the representative in the amount of \$\_\_\_\_\_ and the fees of the attorney for the probate estate in the amount of \$\_\_\_\_\_ as set forth in the accounting.

**\*To be signed by a beneficiary of a trust to which a part or all of the residuary estate is distributable but to whom no share of the residuary estate is directly distributable.**

\_\_\_\_\_  
[date]

\_\_\_\_\_  
[signature of trust beneficiary]

\_\_\_\_\_  
[printed name of trust beneficiary]

\_\_\_\_\_  
[address]

\_\_\_\_\_  
[city/state/zip]

Attorney Number \_\_\_\_\_

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Attorneys for \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_