| IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT |
|---|
| e Matter of the Estate of:)))))) |
| on Who Died (Decedent)) Date of Birth:) CASE NO. |
| REQUEST TO CLOSE FORMAL ESTATE AND APPROVE DISTRIBUTION (Petition for Final Settlement and Distribution) |
| Personal Representative. I,, am the personal representative of the estate. |
| Decedent. The decedent died on (date), which is more than one year ago. |
| Will. The decedent died without a will. The decedent's will was admitted to probate on (date) |
| Inventory. I filed or served an inventory, including the fair market value of all property of the estate known to me. |
| Administration of Estate. I fully administered the estate by: □ Publishing notice to creditors of the decedent and filing an affidavit of publication. The time has expired for presenting claims which arose before the decedent's death. I paid and settled all presented claims. □ Paying or making plans to pay the estate's debts, expenses of administration, and estate's taxes. □ Filing a final accounting. The estate is ready to be closed. |
| Future Estate Administration. I propose that property remaining after payment of debts, claims, taxes, and expenses be distributed as follows: [The proposed plan of distribution must include a statement of all prior distributions, the property remaining in the hands of the personal representative for distribution, and a schedule describing the proposed distribution of any remaining assets. Probate Rule 12(b).] The proposed distribution is on the Final Accounting and Proposed Distribution (form P-380) which is attached to this petition. |
| |

| I ask the court to: | |
|--|--|
| Schedule a hearing on the final acco | ount and petition for settlement and distribution; |
| Approve the final accounting; | |
| Authorize distribution of the property distribution set forth above; and | y of this estate according to the proposed plan of |
| Enter an order closing the estate. | |
| | |
| Date | Signature of Personal Representative |
| | Printed Name |
| Address Line 1 | Phone Number |
| Address Line 2 | E-mail address |
| | |
| | ficate of Service |
| [Notice of this Request and a copy of the accour something in the estate or had claims against the | |
| I certify that ona copy [list everyone served and attach extra pages if n | of this Request was mailed hand delivered to necessary]: |
| | |
| Your signature: | |