

**4B-501. Accounting**

STATE OF NEW MEXICO  
IN THE PROBATE COURT  
[ ] COUNTY

No. [ ]

IN THE MATTER OF THE ESTATE OF  
[ ], DECEASED.

**ACCOUNTING**

I, [ ], the personal representative of the estate, have prepared an accounting of the administration of the estate.

I am sending a copy of this document to the distributees whose interests are affected by this accounting. The accounting is as follows:

**Cash and Other Assets in the Estate**

**A. Items from Inventory (not sold) Value**

- |    |     |        |
|----|-----|--------|
| 1. | [ ] | \$ [ ] |
| 2. | [ ] | \$ [ ] |
| 3. | [ ] | \$ [ ] |
| 4. | [ ] | \$ [ ] |
| 5. | [ ] | \$ [ ] |
| 6. | [ ] | \$ [ ] |

**B. Items Received Since the Making of Inventory (not sold) Value**

1.	<input type="text"/>	\$	<input type="text"/>
2.	<input type="text"/>	\$	<input type="text"/>
3.	<input type="text"/>	\$	<input type="text"/>
4.	<input type="text"/>	\$	<input type="text"/>
5.	<input type="text"/>	\$	<input type="text"/>

<b>C.</b>	<b>Items Sold</b>	<b>Sales Price</b>	<b>Sales Expense</b>	<b>Net Amount Received</b>
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1.	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
2.	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
3.	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
4.	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
5.	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
6.	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>

<b>D.</b>	<b>Income Received</b>	<b>Amount</b>
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1.	<input type="text"/>	\$	<input type="text"/>
2.	<input type="text"/>	\$	<input type="text"/>
3.	<input type="text"/>	\$	<input type="text"/>
4.	<input type="text"/>	\$	<input type="text"/>
5.	<input type="text"/>	\$	<input type="text"/>

**Total of Cash and Other Assets:** \$

**Payments and Distributions**

**A. Payments to Creditors and for Expenses of Administration**

**Amount Paid**

- |    |                      |    |                      |
|----|----------------------|----|----------------------|
| 1. | <input type="text"/> | \$ | <input type="text"/> |
| 2. | <input type="text"/> | \$ | <input type="text"/> |
| 3. | <input type="text"/> | \$ | <input type="text"/> |
| 4. | <input type="text"/> | \$ | <input type="text"/> |
| 5. | <input type="text"/> | \$ | <input type="text"/> |
| 6. | <input type="text"/> | \$ | <input type="text"/> |

**B. Distributions to Devisees or Heirs**

**Value of Distribution**

- |    |                      |    |                      |
|----|----------------------|----|----------------------|
| 1. | <input type="text"/> | \$ | <input type="text"/> |
| 2. | <input type="text"/> | \$ | <input type="text"/> |
| 3. | <input type="text"/> | \$ | <input type="text"/> |
| 4. | <input type="text"/> | \$ | <input type="text"/> |
| 5. | <input type="text"/> | \$ | <input type="text"/> |
| 6. | <input type="text"/> | \$ | <input type="text"/> |

**Total of Payments and Distributions:** \$

*(Total of Cash and Other Assets  
should equal Total of Payments and Distributions.)*

\_\_\_\_\_  
Signature of personal  
representative

Printed name

Street address

City, state and zip code

Telephone  
number

[Approved, effective September 15, 2000; as amended by Supreme Court Order No.  
07-8300-05 effective March 1, 2007.]