

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

Estate No: \_\_\_\_\_

VERIFICATION OF ACCOUNT  
MD RULE 6-417(b)(9)

I DO SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT (ACCOUNT OF PERSONAL REPRESENTATIVE) ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Attorney for the Estate  
(Signature required if applicable)

\_\_\_\_\_  
Personal Representative  
(Signature required)

CERTIFICATE OF SERVICE  
MD RULE 6-417(d)

I HEREBY CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ I delivered or mailed, postage prepaid, a notice to all interested persons listed below or listed by attachment, a notice stating: (1) that an account or affidavit in lieu of account has been filed; (2) that the recipient may file exceptions with the Court within 20 days after the Court's Order approving the account is docketed; (3) that further information can be obtained by reviewing the estate file in the office of the Register of Wills or by contacting the personal representative or the attorney; (4) that upon request the personal representative shall furnish a copy of the account or affidavit to any interested person who was given notice; and (5) that distribution under the account as approved by the Court will be made within 30 days after the Order of Court approving the account becomes final.

Interested persons names and addresses:

\_\_\_\_\_  
Attorney for the Estate  
(Signature required if applicable)

\_\_\_\_\_  
Personal Representative  
(Signature required)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Telephone number