Form 88 (Rule 64(63))

S.C.	No
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SUPREME COURT OF YUKON

ESTATE OF	, Deceased
ESTATE OFALSO KNOWN AS	
STATEMENT O	F ACCOUNT
I, [name, address and occupation of applic	eant]
MAKE OATH (OR SOLEMNLY AFFIRM) A	AND SAY THAT:
Attached as Exhibit "A" is a Statement o	f Account for the Estate of
The information set out in this Statemen the best of my knowledge.	t of Account is true and complete to
Sworn/Affirmed before me at , in the Yukon, on this day of, 20	
A Notary Public In and For the Yukon	Signature [Administrator]
Notary's Name Office(position) Expiry date:	Print Name [Administrator]

STATEMENT OF ACCOUNT

	(a) (b)	the deceased's date of death, or if one or more statements of account have been filed in respect of the estate under Rule 64(63), the effective date of the most recent
2. Th	is Stat	of those Statements of Account. Tement of Account consists of the following:
	(a)	Statement of Assets and Liabilities of the Estate of
	(b)	at [commencement date]; Statement of Capital Transactions of the Estate of
	(c)	Statement of Income Transactions of the Estate of
	(d)	Statement of Assets and Liabilities of the Estate of
	(e)	at [effective date]; [include only if remuneration is sought at this time] Statement of
	()	Proposed Remuneration in relation to the Estate of ;
	(f)	Statement of Distribution of the Estate of
	(g)	Statement of Proposed Distribution of Residue of the Estate of .
		bit "A" referred to in the affidavit
O1		made before me , Yukon this day of

STATEMENT OF ASSETS AND LIABILITIES

AS AT [insert commencement date] _____

Item	Assets [describe estate assets, or include that information in an attached	Asset Values [set out fair market value as at the
		effective date of this Statement of Account
A1	nore)	otatomont or recount
A2		
		Total asset values:

Item	Liabilities [describe liabilities of estate, or include that information in an attached Schedule and bring forward totals here]	Liabilities [set out amount of liability as at commencement date]
B1		
B2		
		Total amount of liabilities:

STATEMENT OF CAPITAL TRANSACTIONS

For the period from [insert commencement date]	
to [insert effective date of this Statement of Account] _	

Item	-	Transaction [describe transactions, or include that information in an attached Schedule and bring forward totals here]	Debit	Credit
C1				
C2				
			Total of debits:	Total of credits:

STATEMENT OF INCOME TRANSACTIONS

For the period from [insert commencement date] _	
to [insert effective date of this Statement of Accoun	nt

Item	Date [date of transaction]	Transaction [describe transactions, or include that information in an attached Schedule and bring forward totals here]	Debit	Credit
D1				
D2				
			Total of debits:	Total of credits:

STATEMENT OF ASSETS AND LIABILITIES

AS AT [insert effective date of this Statement of Account] _____

Item	Assets [describe each estate asset, or include that information in an attached	Asset Values [set out fair market value as at
	Schedule and bring forward totals here]	the effective date of this Statement of Account]
E1		
E2		
		Total asset values:

Item	Liabilities [describe each liability of	Liabilities [set out	
iteiii	estate, or include that information in an	amount of liability as at	
	attached Schedule and bring forward	the effective date of this	
	totals here]	Statement of Account]	
F1			
F2			
		Total amount of	
		liabilities:	

STATEMENT OF PROPOSED REMUNERATION

[complete if remuneration is sought at this time]

Cap	oital Fee	
(A)	Proceeds of disposition of capital assets realized since the commencement date:	\$
(B)	Market value of capital assets, realized or transferred since the commencement date, in respect of which no proceeds of disposition have been obtained:	
(C)	Current value of unrealized capital assets included, on the commencement date, in the estate:	\$
. ,	Gross aggregate value of capital assets of estate - $[(A) + (B) + (C)]$	
(E)	Capital Fee: (D) x% [insert claimed percentage, up to a maximum of 5%]	\$
Inco	ome Fee	
(F)	Gross income earned by the estate for period from [commencement date]to [effective date of this Statement of Account] except interest income already capitalized and included in (D)	\$
(G)	Income Fee: (F) x % [insert claimed percentage, up to a maximum of 5%]	\$
[pre folic	e and Management Fee pare one set of the following calculations for each reporting wing the commencement date, where a reporting period is r, or portion, from date of death to the date of final distribu	s each calendar
	Market value of estate assets as at the beginning of the reporting period	_
(I)	Market value of estate assets at the end of the reporting period	\$
	Average market value of estate assets for the reporting period [(H) + (I)] / 2	\$
(K)	Care and Management Fee for reporting period: [(J) x 0.4%]	\$
Tota	al of Fees Claimed	
(L)	Total remuneration sought - [(E) + (G) + (the total of every (K) determined for a reporting period following the commencement date)	\$

Specific Bequests and Legacies

Distribution (Yes/No)	Date of distribution	Beneficiary

Residue of Estate

(R1)Market value of estate assets at effective date of this statement of account	
(R2)Applicant's estimated reserve for final income tax accounting and legal costs and remuneration	
(R3)Distributable Estate (R1) - (R2)	

STATEMENT OF PROPOSED DISTRIBUTION OF RESIDUE

Beneficiary [identify	Assets [identify assets	Cash [indicate amount of
beneficiaries who receive	distributed to the named	cash distributed to the
assets or cash from	beneficiary and their	named beneficiary]
residue]	market value]	
(Name)		