FORM 417.02 TRUSTEE'S ACCOUNTING

State of Minnesota			District	t Court
COUNTY	JUDICIAI	L DISTRIC	CT	
	COURT F	ILE NO.		
	Case Type	:		
In the Matter of the Trust Created under Article	7.2			
of the Last Will of	_ .			
ALTERNATIVE FOR INTER VIVOS TRUSTS:				
In the Matter of the Trust Created under				
Agreement By and Between,				
Settlor, and,				
Trustees, dated				
	TRUSTEE	'S ANNUA	AL ACC	OUNT
	Pr	incipal	Inc	come
Assets on Hand as of (Schedule 1)	\$		\$	
Increases to Assets:				
Interest (Schedule 2)	\$	0.00	\$	
Dividends (Schedule 3)	\$	0.00	\$	
Capital gains distributions (Schedule 4)	\$		\$	0.00
Gains on sales and other dispositions (Schedule 5)	\$		\$	0.00
Return on capital (Schedule 6)	\$		\$	0.00
Other increases (Schedule 7)	\$		\$	
Decreases to Assets:				
Losses on sales and other dispositions (Schedule 8)	(\$)	(\$.00
Administration expenses (Schedule 9)	(\$)	(\$	
Taxes (Schedule 10)	(\$)	(\$	
Trustee fees	(\$)	(\$	
Attorney fees	(\$)	(\$	
Other decreases (Schedule 11)	(\$)	(\$)
Balance Before Distributions	\$		\$	

Distributions to Beneficiaries (Sch	edule 12)	(\$)	(\$)
Principal and Income Balances		\$	0.00	\$	0.00
Total Assets on Hand as of				\$	
(Income plus principal) (Schedu	ıle 13)			_	
	[NAME OF TRUST]				
	ASSETS ON HAND				
	[Beginning DATE]				
	Schedule 1				
		Value	es at Cost	Valu	es at Cost
	Market Value		Basis	01	Basis
	as of [DATE]	Pr	incipal	Ir	ncome
Cash or Cash Equivalents					
Checking account	\$	\$		\$	
Savings account	\$	\$		\$	
Money market account	\$	\$		\$	
Stocks and Bonds					
Stocks	\$	\$		\$	0.00
Corporate bonds	\$	\$		\$	0.00
Municipal bonds	\$	\$		\$	0.00
Real Estate	\$	\$		\$	0.00
Other Assets				\$	
Life insurance policies (cash					
value)	\$	\$		\$	
Other assets	\$	\$		\$	
Total Assets on Hand as of	\$0.00	\$	0.00	\$	0.00
[Data]			_		_

Note: This schedule reflects assets on hand at the beginning of the period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

INTEREST

Schedule 2

	Income
Checking account(s)	
1.	\$
2.	\$
Savings account(s)	
1.	\$
2.	\$
Corporate bonds	
1.	\$
2.	\$
3.	\$
Municipal bonds	
1.	\$
2.	\$
3.	\$
Other interest	
1.	\$
2.	\$
3.	\$
Total Interest	\$ 0.00

Identify each interest-producing asset. List each bank account by name and account number. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Identify each bond or other asset that pays interest.

[NAME OF TRUST]

DIVIDENDS

Schedule 3

Income

GENERAL RULES OF PRACTICE

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$ 0.00
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Identify each security that paid dividends.

[NAME OF TRUST]

CAPITAL GAINS DISTRIBUTIONS

	<u>Principal</u>
Capital gains distributions:	
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$

10	\$
11	\$
12	\$
13	\$
14	\$
Total Capital Gains Distributions	\$ 0.00

Identify each security that paid dividends.

[NAME OF TRUST]

GAINS ON SALES AND OTHER DISPOSITIONS

					Prir	ncipal
Sale of	shares of	:				
Proceeds re			\$			
Less cost o	or basis		(\$)	\$	0.00
Sale of	shares of	:				
Proceeds re	eceived		\$			
Less cost o	or basis		(\$)	\$	0.00
Sale of	shares of	:				
Proceeds re	eceived		\$			
Less cost o	or basis		(\$)	\$	0.00
Sale of	shares of	:				
Proceeds re	eceived		\$			
Less cost o	or basis		(\$)	\$	0.00
Sale of	shares of	:				
Proceeds re	eceived		\$			
Less cost o	or basis		(\$)	\$	0.00
Sale of	shares of	:				
Proceeds re	eceived		\$			
Less cost o	or basis		(\$)	\$	0.00

Sale of	shares of	:		
Proceeds r	received	\$		
Less cost of	or basis	(\$)	\$ 0.00
Sale of	shares of	:		
Proceeds r	received	\$		
Less cost of	or basis	(\$)	\$ 0.00
Sale of	shares of	:		
Proceeds r	received	\$		
Less cost of	or basis	(\$)	\$ 0.00
Total Gains				\$ 0.00

RETURN OF CAPITAL

	<u>Principal</u>
Return of capital:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$

14.	\$
Total Return of Capital	\$ 0.00

Identify each security that paid a return of capital.

[NAME OF TRUST]

OTHER INCREASES

	Prin	ncipal	<u>In</u>	come
Securities added to trust by Settlor			\$	0.00
1	\$		\$	
2	\$		\$	
3	\$		\$	
4	\$		\$	
5	\$		\$	
6	\$		\$	
7	\$		\$	
8	\$		\$	
9	\$		\$	
Income transferred to principal	\$		\$	0.00
Other increases:				
1	\$		\$	
2	\$		\$	
3	\$		\$	
4	\$		\$	
5	\$		\$	
6	\$		\$	
7	\$		\$	
8	\$		\$	
9	\$		\$	
Total Other Increases	\$	0.00	\$	0.00

LOSSES ON SALES AND OTHER DISPOSITIONS

			<u>Prir</u>	ncipal
Sale ofshares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale ofshares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of :				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of :				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of :				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of :				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00

Sale of shares of	<u></u> :		
Proceeds received	\$		
Less cost or basis	(\$)	\$ 0.00
Total Losses			\$ 0.00

ADMINISTRATIVE EXPENSES

Schedule 9

	<u>Principal</u>	Income
Bank account fees	\$	\$
Check charges	\$	\$
Broker annual fees	\$	\$
Photocopies	\$	\$
Postage	\$	\$
Maintenance of real estate (schedule attached)	\$	\$
Other (schedule attached)	\$	\$
Total Administrative Expenses	\$ 0	0.00 \$ 0.00

[NAME OF TRUST]

TAXES

Schedule 10

	<u>Principal</u>			Income	
Foreign dividend tax	\$	0.00	\$		
U.S. fiduciary income tax	\$		\$		
Minnesota fiduciary income tax	\$		\$		
Total Taxes	\$	0.00	\$	0.00	

Note: The portion of fiduciary income tax allocated to capital gains is charged against principal. The portion of foreign dividend tax is allocated to income.

GENERAL RULES OF PRACTICE

[NAME OF TRUST]

OTHER DECREASES

Schedule 11

	<u>Principal</u>		Income	
Income transferred to principal	\$		\$	0.00
Other decreases:				
1.	\$		\$	
2.	\$		\$	
3.	\$		\$	
4.	\$		\$	
5.	\$		\$	
6.	\$		\$	
7.	\$		\$	
8.	\$		\$	
9.	\$		\$	
10.	\$		\$	
Total Other decreases	\$	0.00	\$	0.00

[NAME OF TRUST]

DISTRIBUTIONS TO BENEFICIARIES

	<u>Principal</u>	Income
Name of each beneficiary and date and description of distribut	ion:	
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$

10.				\$			\$	
11.	\$							
12.				\$			\$	
13.				\$			\$	
14.				\$			\$	
15.				\$			\$	
Total Distributions to Beneficiaries				\$	0.00	١	\$	0.00
	[NAMI	E OF TRUST	7]					
		S ON HANI						
		ing DATE]						
	_	hedule 13						
	50	ileduie 15		Values at (Cost		Values at	Cost
	Ma	rket Value		or Basi			or Basi	
	as of [DATE] Principal		Income					
Cash or Cash Equivalents					<u> </u>			=
Checking account	\$		\$			\$		
Savings account	\$		\$			\$		
Money market account	\$		\$			\$		
Stocks and Bonds								
Stocks	\$		\$			\$		0.00
Corporate bonds	\$		\$			\$		0.00
Municipal bonds	\$		\$			\$		0.00
Real Estate	\$		\$			\$		0.00
Other Assets								
Life insurance policies (cash value)	\$		\$			\$		
Other assets	\$		\$			\$		
Total Assets on Hand as of	\$	0.00	\$		0.00	\$		0.00
[Date]			_			_		

Note: This schedule reflects assets on hand at the end of the accounting period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on

a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minnesota Statutes, section 358.116.

Signed at:County,			
	State.		
On, 20			
Signature			
Name			
Agency or Business Name, if applicable:			
Address			
City/State/Zip			
Telephone ()			
Notarial Stamp or Seal (or Other Title or Rank)	Signed and sworn to (or affirmed) before me on (date) by, Trustees.		
	Signature of Notary Public or Other Official		

(Amended effective July 1, 2015; amended effective May 23, 2016.)