

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Case No. \_\_\_\_\_

MOTION FOR ORDER OF DIVIDEND

(Insolvent Small Estate 14 VSA §1205, 14 VSA §1903, & VRPP Rule 80.3)

I/We, \_\_\_\_\_ the undersigned Fiduciary(s), state as follows:

1. **The total assets of the estate are:** \$ \_\_\_\_\_  
Other: \_\_\_\_\_
2. The amount of costs/expenses for the estate's administration (such as filing fees, legal fees) or to reimburse the Fiduciary or person who paid them out of their own pocket is:  
\$ \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
3. The amount owed to the funeral home (or to reimburse the person who paid the funeral home bill out of their own pocket) is (*this number cannot exceed \$3,800*):  
\$ \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
4. The amount of wages due to employees (if any) of the Decedent earned within 3 months prior to Decedent's death (*this cannot exceed \$300 per employee*) is:  
\$ \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
5. The amount of any other creditor claims (such as VT Dept Health Access for Medicaid reimbursement) known to me is:  
\$ \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_

(Please attach other pages if you need more room to write or attach copies of creditor invoices if they're not already on file with the Court.)

The undersigned **requests** from the Court an **Order of Dividend** as to **how the remaining assets should be apportioned and paid**. Then I/We understand as Fiduciary(ies), I/We must pay the debts consistent with the forthcoming Order of Dividend, then promptly file an Affidavit of Payment to confirm I/We complied so the Court can then order my/our Discharge as Fiduciary and close this Estate.

I/We understand and acknowledge that the Court can issue the requested Order of Dividend after 14 days provided no Motion for Hearing is received by the Court by any interested party within that time.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Fiduciary

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Fiduciary

\_\_\_\_\_  
Printed Name

(Fiduciary is required to serve (mail a copy of this form) to any Interested Parties or known Creditors and file a Certificate of Service with the Court to show this was done.)