



# SCHEDULE H

## FUNERAL EXPENSES AND ADMINISTRATIVE COSTS

**ESTATE OF**

**FILE NUMBER**

**Decedent's debts must be reported on Schedule I.**

ITEM NUMBER	DESCRIPTION	AMOUNT
A. 1.	FUNERAL EXPENSES:	
B. 1.	<b>ADMINISTRATIVE COSTS:</b>  Personal Representative Commissions: Name(s) of Personal Representative(s) _____ Street Address _____ City _____ State _____ ZIP _____ Year(s) Commission Paid: _____	
2.	Attorney Fees:	
3.	Family Exemption: (If decedent's address is not the same as claimant's, attach explanation.)  Claimant _____ Street Address _____ City _____ State _____ ZIP _____ Relationship of Claimant to Decedent _____	
4.	Probate Fees:	
5.	Accountant Fees:	
6.	Tax Return Preparer Fees:	
7.		
<b>TOTAL (Also enter on Line 9, Recapitulation)</b>		<b>\$</b>