



# 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.<br>1.  | FUNERAL EXPENSES:  |           |
| B.<br>1.  | <b>ADMINISTRATIVE COSTS:</b><br>Personal Representative Commissions:<br>Name(s) of Personal Representative(s) _____<br>Street Address _____<br>City _____ State _____ ZIP _____<br>Year(s) Commission Paid: _____        |           |
| 2.  | Attorney Fees:   |           |
| 3.  | Family Exemption: (If decedent's address is not the same as claimant's, attach explanation.)<br>Claimant _____<br>Street Address _____<br>City _____ State _____ ZIP _____<br>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> |