

**STATE OF NEW YORK
SURROGATE'S COURT : COUNTY OF BROOME**

Voluntary Accounting Proceeding
Estate/Guardianship of

**APPROVAL OF ACCOUNT
RELEASE AND DISCHARGE
OF REPRESENTATIVE
SCPA 2203**

File No. _____

The undersigned, being of full age and entitled to share in the estate/guardianship described below, acknowledges **FULL PAYMENT AND RECEIPT** of the share in such estate/guardianship to which the undersigned was entitled, in the amount and manner shown below:

Estate/Guardianship of _____

Payment Made by: _____

In Capacity of _____

Amount of Payment _____ Dollars (\$ _____)

Purpose of Payment: IN FULL OF (Check proper designation)

- undersigned's gift under decedent's will; or
- undersigned's distributive share in decedent's estate; or
- undersigned's property payable on attaining majority; or
- other _____

In consideration of such payment, the undersigned hereby: **(1) Releases and Discharges** forever the representative(s) above named of and from all responsibility and liability of every nature to the undersigned by reason of any and all matters relating to, or derived from, said estate/guardianship and its administration; and **(2) Requests and Empowers** the Surrogate of Broome County, upon filing this instrument in writing, to make and enter the proper decree finally releasing and discharging the said representative(s) as to the undersigned; and **(3) Approves** the account of said representative(s), as presented in writing to the undersigned.

**This is a Full Receipt, Release and Approval
Read Before Signing!**

Dated: _____

(Sign here)