



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____
Court Address

In the Matter of

_____ Name of Minor or Disabled Person _____ Docket reference

**GUARDIAN OF THE PROPERTY COMMISSION WORKSHEET
(Estates & Trusts §§ 13-218 and 14.5-708)**

NOTE: Use this form if you are the guardian of the property of a minor or disabled person and are asking the court for a commission to be paid from the guardianship estate. File this form with the annual Fiduciary's / Guardian's Account.

I, _____, make this claim for a commission for the period from
Name of Guardian of the Property

_____ to _____
Start Date of Reporting Period End Date of Reporting Period

Income Commissions

Total income (Enter the TOTAL in Section A on page 1 of CC-GN-012, Fiduciary's Account) _____

Less income from real estate, ground rents, and mortgages (_____)

Other adjustments: _____

TOTAL: _____

6.50% of the first \$10,000 per year _____ x .065 _____

5.00% of the next \$10,000 per year _____ x .050 _____

4.00% of the next \$10,000 per year _____ x .040 _____

3.00% of the remainder _____ x .030 _____

Income from real estate and ground rents _____ x .060 _____

Payments received on mortgages (interest portion only) _____ x .060 _____

Income on sales of real, leasehold, and tangible personal property _____ x _____ _____

TOTAL INCOME COMMISSIONS: _____

Corpus Commissions

Fiduciary estate at the end of the reporting period (Enter the TOTAL first section of the Fiduciary's Account (at the top of on page 1 of **CC-GN-012**))

4/10 of 1% of the first \$250,000	x .0040
1/4 of 1% of the next \$250,000	x .0025
3/20 of 1% of the next \$500,000	x .0015
1/10 of 1% of the remainder	x .0010
TOTAL:	TOTAL:

Total corpus commission allowed

For full year accounts, enter the amount from above.

For final or part-year accounts, a prorated amount is allowed. Enter the amount from above multiplied by the number of days in the reporting period and divided by 365 days in the year.

Final Distribution (applicable to final accounts due to terminating Fiduciary Estates only)

Amount allowed is one-half of one percent (.005) of the fair value of the corpus distributed

TOTAL COMMISSIONS:

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Signature of Guardian Date

Signature of Guardian Date

Address

Address

City, State, Zip Telephone

City, State, Zip Telephone

Name of Guardian's Attorney Attorney Number

Address

City, State, Zip

Telephone E-mail