

Court File No.

Estate of _____, Deceased Date of decedent's death _____

Name of fiduciary Day telephone

Mailing address

Name of other fiduciary Day telephone

Mailing address

This is account number one two threeIs this a final account? yes no.

From (date of qualification* or end of last account) to (end of this account)

***First account must also include income/disbursement activity from date of death.**

1. Beginning Assets (from Parts 1 and 3 of the inventory or from the prior account)	\$
2. Receipts (attach itemized list)	
3. Gains on Asset Sales (attach itemized list)	
4. Adjustments (attach itemized list)	
5. Total of 1, 2, 3 and 4 (must equal Total in Line 10)	\$ =====
6. Disbursements for Debts & Expenses (attach itemized list)	\$
7. Losses on Asset Sales (attach itemized list)	
8. Distributions to Beneficiaries (attach itemized list)	
9. Assets on Hand (attach itemized list)	
10. Total of 6, 7, 8, and 9 (must equal Total in Line 5)	\$ =====
Market Value of Assets on Hand	\$

1. I (We) certify that this is a true and accurate accounting of the assets of this estate for the period described, and if this is a final account, that to the best of my (our) knowledge all taxes have been paid or provided for.
2. I (we) also certify and affirm that **(choose one)**:
 - A. ☐ On or before the date of filing this Account with the Commissioner of Accounts, I(we) sent a copy of it by first class mail to every person entitled to a copy, pursuant to Virginia Code Section 64.2-1303, who made a written request therefor. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on Page 2.
 - or**
 - B. ☐ No person entitled to a copy of this Account pursuant to Virginia Code Section 64.2-1303 made a written request therefor.

Date Fiduciary's Signature _____

Date Fiduciary's Signature

Certificate of Mailing

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing ACCOUNT FOR DECEDENT'S ESTATE to the following individuals on this the day of 20.....

Executor/Administrator

Executor/Administrator

Executor/Administrator

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Add pages as necessary.