

ACCOUNT FOR DECEDENT'S ESTATE
COMMONWEALTH OF VIRGINIA

Court File No. _____

Circuit Court of _____

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

Type of Fiduciary: Executor Administrator of intestate Administrator, c.t.a. Curator

Name of fiduciary _____ Day telephone _____

Mailing address _____

Name of other fiduciary _____ Day telephone _____

Mailing address _____

Name of other fiduciary _____ Day telephone _____

Mailing address _____

This is account number one two three _____ Is this a final account? yes no.

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

ACCOUNT SUMMARY

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 _____

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 and provided for.

Date _____ Fiduciary's Signature _____

Date _____ Fiduciary's Signature _____

Date _____ Fiduciary's Signature _____

Note: Virginia law requires that every account be signed by all fiduciaries.