

ACCOUNT FOR INCAPACITATED ADULT
COMMONWEALTH OF VIRGINIA

Court File No. _____

Circuit Court of _____

Estate of _____, an incapacitated adult

Residence of incapacitated person: _____

Type of Fiduciary: Conservator Guardian Committee
 Trustee for ex-service person Limited Conservator

Name of 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, 2 and 5 of the inventory or from the prior account)
- 2a. Receipts from Social Security, SSI, Veteran's or other Federal Benefits _____
- 2b. All other receipts _____
- 3. Gains on Asset Sales (attach itemized list) _____
- 4. Adjustments (attach itemized list) _____
- 5. Total of 1, 2b, 3 and 4 (must equal Total on Line 10) \$ _____

- 6. Disbursements (attach itemized list) \$ _____
- 7. Losses on Asset Sales (attach itemized list). _____
- 8. Distributions (final account only) _____
- 9. Assets on Hand (attach itemized list) (carrying value) _____
- 10. Total of 6, 7, 8 and 9 (must equal Total on 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 or provided for.

Date _____ Fiduciary's signature _____

Date _____ Fiduciary's signature _____

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