

ACCOUNT FOR MINOR
COMMONWEALTH OF VIRGINIA

Court File No. _____

Circuit Court of _____

Estate of _____, a minor

Minor's date of birth: _____ Is either parent alive? yes no.

Type of Fiduciary: Guardian Temporary Guardian

Name of Fiduciary _____ Day telephone _____

Mailing address _____

Name of Co-fiduciary _____ Day telephone _____

Mailing address _____

This is account number one two three or _____ 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 I and 2 \$ _____
of the inventory or from the prior account):

2a. RECEIPTS FROM SOCIAL SECURITY, SSI, VETERAN'S
OR OTHER FEDERAL BENEFITS: \$ _____

2b. ALL OTHER RECEIPTS:

_____ \$ _____

Total 2b. Receipts _____

3. GAINS ON ASSET SALES:

Total Gains _____

4. ADJUSTMENTS:

Total Adjustments _____

GRAND TOTAL of 1, 2b, 3 and 4 (must equal GRAND TOTAL of 5-9) \$ _____

5. DISBURSEMENTS FOR ADMINISTRATIVE EXPENSES:

_____	\$ _____	
_____	_____	
_____	_____	
Total Administrative Expenses		\$ _____

6. DISBURSEMENTS FOR CARE OF THE MINOR:

_____	_____	
_____	_____	
_____	_____	
Total Care Disbursement		_____

7. LOSSES ON ASSET SALES:

_____	_____	
_____	_____	
Total Losses		_____

8. DISTRIBUTIONS TO MINOR (only on final account):

_____	_____	
_____	_____	
Total Distributions		_____

9. ASSETS ON HAND:

_____	_____	
_____	_____	
_____	_____	
Total Assets on Hand		_____

GRAND TOTAL of 5-9 (must equal GRAND TOTAL of 1, 2b, 3 and 4) \$ _____

I (We) hereby certify that this is a true and accurate accounting of the assets of this guardianship 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 Guardian _____

Date Guardian _____