

ACCOUNT FOR TRUST
COMMONWEALTH OF VIRGINIA

Court File No. _____

Circuit Court of _____

Name of trust beneficiary(ies) _____

Name of decedent, if trust under a will _____

Name of trustee _____ Day telephone _____

Mailing address _____

Name of other trustee _____ Day telephone _____

Mailing address _____

Name of other trustee _____ 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 1 2 3 & 4 of the inventory or from the prior account) \$ _____
- 2. Principal receipts (attach itemized list) _____
- 3. Income receipts (attach itemized list) _____
- 4. Gains on Asset Sales (attach itemized list) _____
- 5. Adjustments (attach itemized list) _____
- 6. Total of 1, 2, 3, 4 & 5 (must equal Total on Line 13) \$ _____
- 7. Principal Disbursements (attach itemized list) \$ _____
- 8. Income Disbursements (attach itemized list) _____
- 9. Losses on Asset Sales (attach itemized list) _____
- 10. Principal Distributions (attach itemized list) _____
- 11. Income Distributions (attach itemized list) _____
- 12. Assets on Hand (attach itemized list) _____
- 13. Total of 7, 8, 9, 10, 11 & 12 (must equal Total on Line 6) \$ _____

Market Value of Assets on Hand \$ _____

I (We) certify that this is a true and accurate accounting of the assets of this trust for the period described.

Date _____ Trustee's Signature _____

Date _____ Trustee's Signature _____

Date _____ Trustee's Signature _____

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