

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)	\$ <hr/> <hr/>
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)	\$ <hr/> <hr/>

** 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.