

**FIDUCIARY ACKNOWLEDGMENT – DECEDENT ESTATE**  
Circuit Court of Fairfax County, Virginia

Fiduciary Number FI-\_\_\_\_-\_\_\_\_\_

In re: \_\_\_\_\_, deceased  
Date of Qualification: \_\_\_\_\_

I, \_\_\_\_\_ in my capacity as Administrator do hereby acknowledge that I have received from the Clerk of the Fairfax County Circuit Court, an Information Packet which includes the following: Important Notice to Fiduciaries Regarding Estate Assets and Bank Accounts, Schedule of Fees for the Commissioner of Accounts, Inventory forms with instructions; Accounting forms with instructions; Statement in Lieu of Settlement of Accounts and a Tax Certificate form.

As Fiduciary, I understand I am charged with the general responsibilities as follows:

1. Giving notice of my qualification or of probate as required by law.
2. Recording an Affidavit of Notice of qualification or probate in the Clerk's office where the will is recorded, as required by law.
3. Filing any individual, fiduciary income or estate tax returns required by the state or federal governments.
4. Filing an Inventory with the Commissioner of Accounts no later than four months after my qualification date.
5. Filing a Settlement of Accounts OR a Statement in Lieu of Settlement of Accounts with the Commissioner of Accounts no later than 16 months after my qualification date.
6. Paying all probate taxes due to the Clerk of the Circuit Court.
7. Keeping assets under my control as fiduciary separate from my individual and personal assets by establishing a separate fiduciary bank account (into which I will deposit all receipts and from which I will make all disbursement) that either provides statements with images of canceled checks or returns canceled checks. The statements or the canceled checks are to be submitted when my accountings are filed.
8. Exercising reasonable care in the investment and/or sale of assets and payment of debts with funds under my control.
9. Notifying the Commissioner of Accounts, on any change of my address and phone number (and that of my resident agent if applicable).

\_\_\_\_\_

Home address: \_\_\_\_\_  
Home telephone number: \_\_\_\_\_  
Employer name: \_\_\_\_\_  
Work address: \_\_\_\_\_  
Work telephone number: \_\_\_\_\_