



**Part 2. The incapacitated person's real estate in Virginia over which you have a power of sale.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 2:</b>	

**Part 3. The incapacitated person's other real estate in Virginia.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 3:</b>	

**Part 4. The incapacitated person's other non-Virginia real estate.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 4:</b>	

**Part 5. The incapacitated person's interest in any real or personal property that will pass to another at the incapacitated person's death by way of survivorship or beneficiary designation.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 5:</b>	

**Part 6. The incapacitated person's interest in any trust.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 6:</b>	

**Part 7. The incapacitated person's rights to periodic payments from certain agencies of the U.S. government.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
<b>TOTAL VALUE OF PART 7:</b>	

**Part 8. The incapacitated person's right to periodic payments from any other source.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
<b>TOTAL VALUE OF PART 8:</b>	

<p><b>CERTIFICATE OF ACCURACY AND COMPLETENESS</b>                  [Must be signed by each fiduciary.]</p> <p>I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate and complete inventory of this estate made in accordance with my (our) responsibilities under Virginia law.</p>	
Date .....	Fiduciary .....
	Address .....
	Telephone No.: .....
Date .....	Fiduciary .....
	Address .....
	Telephone No.: .....

**CERTIFICATE OF COMMISSIONER**

The Commissioner of Accounts has not independently verified the value of the items on the inventory, or the fact that they are the only assets of the estate.

Inspected, found to be in proper form, and approved on .....

\_\_\_\_\_  
 Commissioner of Accounts

Received in the Clerk's Office and admitted to record on .....

\_\_\_\_\_  
 Clerk