

**STATEMENT IN LIEU OF SETTLEMENT OF
ACCOUNT FOR DECEDENT'S ESTATE
PURSUANT TO VIRGINIA CODE § 64.2-1314
COMMONWEALTH OF VIRGINIA**

Court File No.

COUNTY OF FAIRFAX

Circuit Court of

Estate of, Deceased.

Date of death Decedent died [] with [] without a will.

Name of fiduciary

Name of other fiduciary

STATEMENT UNDER OATH

Before me, the undersigned authority, on this day personally appeared the undersigned affiant(s) who, after being placed under oath by me, stated as follows:

[Check the applicable alternative in Part 1.]

1. [] That the above-named Decedent died without a will, that I/we am/are the only distribute(s) of the Decedent's estate, and that I/we serve as personal representative(s) of the estate,

or

[] That above-named Decedent died with a will, that I/we am/are the only residuary beneficiary(s) of the Decedent's estate, and that I/we serve as personal representative(s) of the estate,

2. That all known charges against the Decedent's estate have been paid, and

3. Specific bequests in Will distributed to (attach receipts):

NAME	DESCRIPTION OF BEQUEST
.....
.....
.....

4. That six months have elapsed since the personal representative(s) qualified in the Clerk's Office.

5. In addition to the foregoing statements under oath, I (we) hereby certify and affirm that (choose one):

A. [] On or before the date of filing this Statement with the Commissioner of Accounts, I(we) sent a copy of it by first class mail to every person entitled to a copy, pursuant to Virginia Code Section 64.2-1303, who made a written request therefor. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on Page 2.

OR

B. [] No person entitled to a copy of this Statement pursuant to Virginia Code Section 64.2-1303 made a written request therefor.

6. That the residue of the estate has been delivered to the distributees or beneficiaries.

Signature _____ Signature _____

Commonwealth of Virginia: Commonwealth of Virginia:

City/County of City/County of

Subscribed and sworn to before me by Subscribed and sworn to before me by

Date: Date:

Notary Public Notary Public

My commission expires: My commission expires:

Registration No. Registration No.

Certificate of Mailing

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing STATEMENT IN LIEU OF SETTLEMENT OF ACCOUNT FOR DECEDENT'S ESTATE to the following individuals on this the day of 20

Executor/Administrator

Executor/Administrator

Executor/Administrator

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
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City	State	ZIP

Name of Recipient		
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City	State	ZIP