

ACCOUNT FOR TRUST
COMMONWEALTH OF VIRGINIA
VA. CODE §§ 64.2-1206, 64.2-1308, 64.2-1306

Court File No.

Circuit Court of **COUNTY OF FAIRFAX**

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 and that to the best of my (our) knowledge all taxes have been paid or provided for.

Date Trustee's Signature

Date: Trustee's Signature

Date: Trustee's Signature

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