

ACCOUNT FOR MINOR
COMMONWEALTH OF VIRGINIA

Court File No.

Circuit Court of

Estate of, a minor

Minor's date of birth: Is either parent alive? Yes No

Type of Fiduciary: Guardian Temporary Guardian

Name of Fiduciary Day telephone

Mailing address

Name of Co-fiduciary 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 and 2 of the inventory or from the prior account): \$

2. RECEIPTS* \$

..... \$

.....

.....

.....

.....

.....

Total Receipts \$

3. GAINS ON ASSET SALES:

..... \$

.....

Total Gains \$

4. ADJUSTMENTS:

..... \$

.....

Total Adjustments \$

GRAND TOTAL OF 1, 2, 3 and 4 (must equal GRAND TOTAL of 5-9) \$

* Any amounts received as Designated Representative but not included in 2 above (see Va. Code Section 26-17.10). \$

5. DISBURSEMENTS FOR ADMINISTRATIVE EXPENSES:

.....	\$
.....
.....
Total Administrative Expenses	\$

6. DISBURSEMENTS FOR CARE OF THE MINOR:

.....	\$
.....
.....
Total Care Disbursements	\$

7. LOSSES ON ASSET SALES:

.....	\$
.....
Total Losses	\$

8. DISTRIBUTIONS

.....	\$
.....
Total Distributions	\$

9. ASSETS ON HAND:

.....	\$
.....
.....
Total Assets on Hand	\$

GRAND TOTAL (must equal GRAND TOTAL of 1-4)	\$ <u>.....</u>
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I (We) hereby certify that this is a true and accurate accounting of the assets of this guardianship for the period described and that to the best of my (our) knowledge all taxes have been paid or provided for.

Date Guardian _____

Date Guardian _____

Date Guardian _____