

VA. CODE §§ 64.2-1206, 64.2-1308

Court File No.

Circuit Court of

Estate of _____, Deceased Date of decedent's death _____

Type of Fiduciary: ☐ Executor ☐ Administrator of intestate ☐ Administrator, c.t.a. ☐ Curator

Name of fiduciary Day telephone

Mailing address

Name of other fiduciary Day telephone

Mailing address

This is account number ☐ one ☐ two ☐ three ☐Is this a final account? ☐ yes ☐ no.

From (date of qualification* or end of last account) to (end of this account)

***First account must also include income/disbursement activity from date of death.**

ACCOUNT SUMMARY

- | | |
|---|-------------------|
| 1. Beginning Assets (from Parts 1 and 3 of the inventory or from the prior account) | \$ |
| 2. Receipts (attach itemized list) | |
| 3. Gains on Asset Sales (attach itemized list) | |
| 4. Adjustments (attach itemized list) | |
| 5. Total of 1, 2, 3 and 4 (must equal Total in Line 10) | \$
===== |
| 6. Disbursements for Debts & Expenses (attach itemized list) | \$ |
| 7. Losses on Asset Sales (attach itemized list) | |
| 8. Distributions to Beneficiaries (attach itemized list) | |
| 9. Assets on Hand (attach itemized list) | |
| 10. Total of 6, 7, 8, and 9 (must equal Total in Line 5) | \$
===== |
| Market Value of Assets on Hand | \$ |

1. I (We) certify that this is a true and accurate accounting of the assets of this estate for the period described, and if this is a final account, that to the best of my (our) knowledge all taxes have been paid or provided for.
2. I (we) also certify and affirm that (**choose one**):
 - A. ☐ On or before the date of filing this Account 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 Account pursuant to Virginia Code Section 64.2-1303 made a written request therefor.

Date Fiduciary's Signature _____

Date Fiduciary's Signature _____

Certificate of Mailing

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing 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		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Add pages as necessary.

Probate Assets for Rockford Laydeesman

	Market Value of Assets on Hand
Accounts at First Federal Credit Union: Titled in name of decedent, solely.	
Prime share savings #001	\$ 74,385.00
Prime share checking #002	\$ 13,500.00
Prime MMA #003	\$125,689.00
FFCU CD #321	\$140,000.00
FFCU CD #686	\$ 85,000.00
Investment Account with spouse Viola named as beneficiary:	
Cash account component:	\$382,000.00
Virginia Municipal Bond:	\$150,000.00
U.S. Series EE Savings Bonds titled to Rockford's name only: 3 of them valued at \$5,000.00 each.	\$ 15,000.00
Uncashed/Undeposited checks	
2015 federal tax refund	\$ 3,743.00
2015 Virginia tax refund	\$ 782.00
Total Assets	\$990,099

Debts for Rockford Laydeesman

Chase One Visa account #402578643277 balance as of March 31 statement. Last charge posted 3/6 when Rockford bought groceries. Visa has a credit life insurance policy to cover the balance up to \$5,000.00. Rockford paid the monthly premium to carry the policy.	$(\$4,287.00) + \$5,000 = \$0$
Unsecured consumer loan from First Federal Credit Union: \$10,000 loan with a current principal balance.	$(\$7,245.00)$
Muppet Mastercard account #304472900022, balance as of March 31 statement. No credit life policy.	$(\$2,340.00)$
Dr. Colgate, DDS – dental work bill with a balance after insurance paid its portion.	$(\$785.00)$
Dr. Heath Health, M.D., - an unpaid bill, after insurance paid its share.	$(\$375.00)$
Wellness Laboratories bill for recent blood chemistry work - balance due after insurance payment was applied to full cost of \$3,000.00.	$(\$525.00)$
Unpaid subscription bill for <i>Daily Planet</i> newspaper to pay for daily and Sunday newspaper delivery for January through June. Bill is for \$60.00 at a rate of \$10.00 per month. January through March newspapers were delivered to Rockford before subscription canceled. Only used \$30.00.	$(\$30.00)$
Happy Homecare nursing and home helper invoice for daily care and assistance to Rockford for the period of March 1 through March 13, balance due.	$(\$2,765.00)$
Rockford's March rent was paid in advance. If apartment is not emptied by the end of the month, April rent must be paid in a sum of \$2,400.00, no pro-rated payment allowed for partial month of April.	\$0

Rockford's funeral costs.	(\$12,496.00)
The probate costs for opening the estate and obtaining the Certificates of Qualification.	(\$100.00)
Probate tax of \$1.00 per thousand-dollar value of assets is charged. You must calculate this based on gross value of probate estate assets.	(\$991.00)
Surety premium on Bond.	(\$1,265.00)
Commissioner of Accounts (fees for inventory and accounting)	(\$ 368.00)
Total Debts:	(\$29,254)

Intestate Estate of Rockford Laydeesman

Assets:	\$990,099
Debts:	(\$29,254.00)
Total Assets:	\$960,845 / 5 = \$198,019.80
Names of Beneficiaries:	Payout amount:
<i>Children from First Wife:</i>	
Rockford Laydeesman Jr.: 1/5	\$198,019.80
Delilah Laydeesman: 1/5	\$198,019.80
<i>Children from Second Wife:</i>	
Flower Laydeesman: 1/5	\$198,019.80
Granite Laydeesman: 1/5	\$198,019.80
Hyacinth Laydeesman: 1/5	\$198,019.80