

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

Court File No. ....

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 .....

[ ] City [ ] County of .....

[ ] City [ ] County of .....

State/Commonwealth of: .....

State/Commonwealth of: .....

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 DECEASED'S ESTATE to the following individuals on this the ..... day of ..... 20 .....

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Executor/Administrator

Name of Recipient		
Address		
City	State	ZIP

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Executor/Administrator

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

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