

**ACCOUNT FOR MINOR**  
COMMONWEALTH OF VIRGINIA  
VA. CODE §§ 64.2-1206, 64.2-1308

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 64.2-1312). \$ .....



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) \$ .....

I (We) hereby declare, under penalty of perjury, 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 .....

