

IN THE \_\_\_\_\_ COURT.

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } ss: \_\_\_\_\_

IN THE MATTER OF

File No. \_\_\_\_\_

\_\_\_\_\_ Reporting and Accounting

TO THE HONORABLE COURT:

1. This is a full and true statement of account in the matter of \_\_\_\_\_  
 \_\_\_\_\_, covering the period from the \_\_\_\_\_ day  
 of \_\_\_\_\_, to the \_\_\_\_\_ day of \_\_\_\_\_

I have on file a surety bond approved by the Court in the penal sum of \$ \_\_\_\_\_ with  
 the \_\_\_\_\_ Company as surety.

I have on file a personal surety bond approved by the Court in the penal sum of \$ \_\_\_\_\_.

The names and addresses of personal sureties are:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. MONEY RECEIVED**

DATE	RECEIVED FROM <i>(List each source separately)</i>	AMOUNT	
		\$	
<b>TOTAL AMOUNT RECEIVED</b>		\$	



**6. CERTIFICATION OF INVESTMENTS** (to be executed by Judge or Clerk of Court, a bank official or authorized official or agent of the corporate surety on fiduciary bond):

KIND OF BOND OR SECURITY	INTEREST RATE	DATE OF PURCHASE	FACE VALUE	COST	
				TOTAL COST	\$

I CERTIFY That the securities listed herein were exhibited to me by the Fiduciary as being the property of the ward and in the custody and control of the Fiduciary.

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

} ss:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Fiduciary

\_\_\_\_\_  
 Address of Fiduciary

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any source other than what has been authorized by the Privacy Act of 1974 or Title 38 Code of Federal Regulations 1.526 for routine uses as identified in VA's system of records, 37VA27,VA Supervised Fiduciary and Beneficiary Records-VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The information relating to funds derived from Department of Veterans Affairs benefit payments is requested under authority of Title 38, United States Code, chapter 55. The information will be used to assure the proper administration of the beneficiary's income and estate. Failure to furnish the requested information may result in the suspension of payments and/or the appointment of a successor fiduciary.

**RESPONDENT BURDEN:** We need this information to ensure proper administration of the beneficiary's estate. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

No. ....

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In ..... COURT,  
COUNTY OF .....  
STATE OF .....

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In the matter of the estate of  
.....  
Incompetent  
Minor,  
.....

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Filed .....

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ALLOWED

On the ..... day of ....., A.D. ....

Judge of ..... Court

Recorded in Book .....

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on page .....