

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	
		\$	
TOTAL AMOUNT RECEIVED		\$	

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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

No.

In COURT,
COUNTY OF
STATE OF

In the matter of the estate of

..... Incompetent
..... Minor,

Filed

.....

ALLOWED

On the day of, A.D.

Judge of Court

Recorded in Book

.....

on page