



Department of Veterans Affairs

# COURT APPOINTED FIDUCIARY'S ACCOUNT

NAME OF VETERAN *(First-Middle-Last)*

VA FILE NUMBER

C-

IN THE

COURT OF

IN THE MATTER OF THE ESTATE OF

STATEMENT OF ACCOUNT

*(Minor or Incompetent)*

*(Date)*

to

*(Date)*

## SECTION I - RECEIPTS

| DATE | RECEIVED FROM<br><i>(Report income from or liquidation of each investment separately)</i> | AMOUNT |
|------|---|--------|
|      |   | \$     |

TOTAL RECEIPTS \$

**SECTION II - EXPENDITURES**

| DATE               | TO WHOM PAID AND PURPOSE | AMOUNT |
|--------------------|--------------------------|--------|
|                    |                          | \$     |
| TOTAL EXPENDITURES |                          | \$     |

**SECTION III - SUMMARY OF ACCOUNT**

|                                   |    |    |    |
|-----------------------------------|----|----|----|
| CASH BALANCE FROM LAST ACCOUNTING | \$ |    |    |
| TOTAL RECEIPTS                    | \$ |    |    |
| <b>TOTAL</b>                      |    | \$ |    |
| TOTAL EXPENDITURES                |    | \$ |    |
| CASH BALANCE IN ESTATE            |    |    | \$ |
| <b>INVESTMENTS (Cost value)</b>   |    |    |    |
| BALANCE ON HAND LAST ACCOUNT      | \$ |    |    |
| ACQUIRED DURING PERIOD            | \$ |    |    |
| <b>TOTAL</b>                      |    | \$ |    |
| LIQUIDATED DURING PERIOD          |    | \$ |    |
| TOTAL ON HAND                     |    |    | \$ |
| TOTAL VALUE OF ESTATE             |    |    | \$ |

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS

I \_\_\_\_\_ being duly Sworn, depose and say  
 of the estate of \_\_\_\_\_  
 who is now residing at \_\_\_\_\_  
 that this is a full and true account of the beneficiary's estate for the period stated, to the best of my knowledge and belief.

\_\_\_\_\_  
*(Signature of Fiduciary)*

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.  
 \_\_\_\_\_  
*(Signature and Title)*

**SECTION IV - CERTIFICATE OF BALANCE ON DEPOSIT**

NAME AND ADDRESS OF INSTITUTION \_\_\_\_\_

I CERTIFY THAT on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, there was on deposit in this Institution to the credit of this Fiduciary the following:  
 Checking Account Balance \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
 Savings Account Balance \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
 Including interest of \$ \_\_\_\_\_ paid during period of Statement of Account at \_\_\_\_\_ % .

**SEAL OR STAMP OF FINANCIAL INSTITUTION**

\_\_\_\_\_  
*(Signature and Title of Certifying Official)*

**SECTION V - CERTIFICATE AS TO SECURITIES**

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

I CERTIFY THAT the securities listed above were exhibited to me by the Fiduciary and are the property of the beneficiary and are in the custody and control of the Fiduciary.

|  |      |
|--|------|
| SIGNATURE AND TITLE OF CERTIFYING OFFICIAL | DATE |
|--|------|

ADDRESS OF CERTIFYING OFFICIAL

**NOTE:** This Certificate may be executed by the Judge or Clerk of Court of your appointment, an official of the safety deposit company or bank wherein you have securities in lock box, or by any authorized official or agent of the company which is surety on your bond.

**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 5, Code of Federal Regulations 1.576 for routine uses (i.e. request from Congressman on behalf of a beneficiary) as identified in the VA system of records, 37VA27, VA Supervised Fiduciary/Beneficiary Records - VA, published in the Federal Register. You are required to respond to obtain or retain benefits per 38 U.S.C § 501. The information will be used by VA field examiners to determine whether an individual fiduciary is properly using and maintaining an accounting of the VA beneficiary's compensation or pension payments. Failure to furnish the requested information may result in the suspension of payments and/or appointment of a successor fiduciary.

**RESPONDENT BURDEN:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0017, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0017 in any correspondence. Do not send your completed VA Form 21P-4706c to this email address.