



**Part 2. The decedent's interest in multiple party accounts and multiple party certificates of deposit in banks and credit unions, valued at the date of death.**

| DESCRIPTION OF PROPERTY       | VALUE |
|-------------------------------|-------|
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
| <b>TOTAL VALUE OF PART 2:</b> |       |

**Part 3. The decedent's real estate in Virginia over which you have a power of sale, valued at the date of death.**

| DESCRIPTION OF PROPERTY       | VALUE |
|-------------------------------|-------|
|                               |       |
|                               |       |
|                               |       |
|                               |       |
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|                               |       |
|                               |       |
|                               |       |
| <b>TOTAL VALUE OF PART 3:</b> |       |

**Part 4. The decedent's other real estate in Virginia, valued at the date of death.**

| DESCRIPTION OF PROPERTY       | VALUE |
|-------------------------------|-------|
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
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|                               |       |
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|                               |       |
|                               |       |
| <b>TOTAL VALUE OF PART 4:</b> |       |

**Part 5. The decedent's non-Virginia real estate, valued at the date of death.**

| DESCRIPTION OF PROPERTY       | VALUE |
|-------------------------------|-------|
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
|                               |       |
| <b>TOTAL VALUE OF PART 5:</b> |       |

**CERTIFICATE OF ACCURACY, COMPLETENESS, AND MAILING**

[Must be signed by each fiduciary.]

1. I (we) hereby certify and affirm under penalty of law, that to be best of my (our) knowledge and belief this is an accurate and complete inventory of this estate made in accordance with my (our) responsibilities under Virginia law.
2. I (we) hereby also certify and affirm that (**choose one**):
  - A.  On or before the date of filing this Inventory 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 Va. Code Section 26-12.4, who made a written request therefore. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on page 4.
  - or**
  - B.  No person entitled to a copy of this Inventory pursuant to Virginia Code Section 26-12.4 made a written request therefore.

Date ..... \_\_\_\_\_  
SIGNATURE OF FIDUCIARY

Address .....  
 Telephone No. ....

Date ..... \_\_\_\_\_  
SIGNATURE OF FIDUCIARY

Address: .....  
 Telephone No. ....

Date ..... \_\_\_\_\_  
SIGNATURE OF FIDUCIARY

Address .....  
 Telephone No. ....

**CERTIFICATE OF COMMISSIONER**

The Commissioner of Accounts has not independently verified the value of the items on the inventory, or the fact that they are the only assets of the estate.

Inspected, found to be in proper form, and approved on .....

\_\_\_\_\_  
 COMMISSIONER OF ACCOUNTS

Received in the Clerk's Office and admitted to record on .....

\_\_\_\_\_  
 CLERK       DEPUTY CLERK

**Certificate of Mailing**

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing INVENTORY FOR DECEDENT'S ESTATE to the following individuals on this the ..... day of ....., 20 .....

\_\_\_\_\_  
EXECUTOR/ADMINISTRATOR

\_\_\_\_\_  
EXECUTOR/ADMINISTRATOR

\_\_\_\_\_  
EXECUTOR/ADMINISTRATOR

|                   |       |     |
|-------------------|-------|-----|
|                   |       |     |
| Name of Recipient |       |     |
| Address           |       |     |
| City              | State | ZIP |

|                   |       |     |
|-------------------|-------|-----|
|                   |       |     |
| Name of Recipient |       |     |
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| City              | State | ZIP |

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| Name of Recipient |       |     |
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| Name of Recipient |       |     |
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| City              | State | ZIP |

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| Name of Recipient |       |     |
| Address           |       |     |
| City              | State | ZIP |