





**Part 6. The minor's rights to periodic payments from any agency of the U. S. government.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
Social Security	6,007.21
<b>TOTAL VALUE OF PART 6:</b>	6,007.21

**Part 7. The minor's rights to periodic payments from any other source.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
<b>TOTAL VALUE OF PART 7:</b>	0.00

**CERTIFICATE OF ACCURACY AND COMPLETENESS**  
 [Must be signed by each fiduciary.]

I (we) hereby certify that to the 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.

Date ..... Fiduciary .....

Address ..... 111 Main Street, Leesburg, VA 20176

Telephone No.: ..... (703) 40-0000

Date ..... Fiduciary .....

Address .....

Telephone No.: .....

SAMPLE

**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