

MEMORANDUM OF FACTS — TRUST
COMMONWEALTH OF VIRGINIA

Court File No.

For Official Use Only

Circuit Court of
Estate of, Deceased.

or

Inter Vivos Settlor's name

or

Court created (or augmented) trust for

Date of Trust Instrument/Date of Will

Name of Trustee qualified

Residence address

Mailing address, if different:

Name of Co-Trustee qualified

Residence address

Mailing address, if different

Name of Agent for Service of Process Telephone Number

Agent's address for Service of Process

Power of sale over realty: yes no. Amount of fiduciary bond: \$ secured unsecured.

Surety is waived by document waived by court waived by statute (§) or not waived.

Type of surety: corporate cash property other (specify)

Name of corporate surety Telephone number

Agent of corporate surety

Mailing address

Description of security

Clerk's additional comments:

FEES COLLECTED

Qualification Fee \$

Record Will / Order \$

Bond \$

Certificate(s) of Qualification \$

Transfer Fee \$

State Library Fee \$

Copies \$

TOTAL FEES COLLECTED \$

Date:

By _____ Clerk/Deputy Clerk