

CONSERVATOR'S AFFIDAVIT

I, _____, Conservator for _____,
an incapacitated person, pursuant to Section 64.2-2026 (formerly 37.2-1027) *et seq.* of the
Virginia Code, after first being duly sworn, deposes and says as follows:

1. That _____ (the "Decedent") died on _____;
2. That the value of the Decedent's entire personal estate in my/our custody as
Conservator(s), does not exceed \$25,000.00;
3. That there has been no qualification of a personal representative of the decedent's
estate;
4. That at least 60 days have elapsed since the incapacitated' s death;
5. That I/we do not anticipate that anyone will qualify as personal representative of the
estate; and
6. That I/we have paid or delivered the balance of the incapacitated person's estate to:
 - _____ a. the decedent's spouse; or
 - _____ b. the decedent's distributees or other persons entitled thereto,
including any person or entity entitled to payment for funeral or
burial services provided, as follows: _____

_____.

Conservator

STATE OF VIRGINIA:
CITY/COUNTY OF _____: to-wit:

I, the undersigned Notary Public in and for the aforesaid jurisdiction, do hereby certify
that _____, whose name(s) is(are) signed to the
foregoing Conservator's Affidavit, having first been duly sworn, stated under oath and
acknowledged the same before me this ___ day of _____, 20__.

Notary Public

My commission expires: _____
Registration ID # _____

Seal or Stamp: