

**MEMORANDUM OF FACTS —**  
**INCAPACITATED ADULT**  
COMMONWEALTH OF VIRGINIA

Court File No. ....

For Official Use Only

Circuit Court of .....

Estate of ....., an incapacitated adult

Residence address: .....

Name of fiduciary: .....

Street address: .....

Mailing address, if different: .....

Name(s) of co-fiduciaries: .....

Street address: .....

Mailing address, if different: .....

Name of Agent for Service of Process ..... Telephone .....

Agent's address for Service of Process: .....

Type of fiduciary appointed: .....

Appointees' relationship to incapacitated person, if any: .....

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

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

Type of surety:  corporate  cash  property  other (specify) .....

Name of corporate surety: .....

Agent of corporate surety: .....

Mailing address: .....

Description of security: .....

Clerk's additional comments:

**FEES COLLECTED**

Qualification Fee \$ .....

Record Order \$ .....

Bond \$ .....

Certificate(s) of Qualification \$ .....

State Library Fee \$ .....

Copies \$ .....

**TOTAL FEES COLLECTED** \$ .....

Date: .....

By \_\_\_\_\_ Clerk/Deputy Clerk