

STATEMENT OF SATISFACTION

RE: _____
(Estate Name)

Fiduciary No. FI-_____-_____
(Year) (File Number)

I, _____, a beneficiary of the above estate, hereby declare that I have reviewed all accounts filed with the Commissioner of Accounts for the above estate; that I have received my due and proper distribution from the above estate; and that I consent and agree to any and all disbursements, fiduciary fees and distributions contained in such accounts. I hereby request that the Commissioner approve any outstanding accounts filed with the Fairfax Commissioner of Accounts Office.

GIVEN under my hand this _____ day of _____, 20__.

(Beneficiary)

SUBSCRIBED, sworn to and acknowledged before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____