



Department of Veterans Affairs

**CERTIFICATE AS TO ASSETS**

VA FILE NUMBER

**PRIVACY ACT INFORMATION:** The information required on this form is requested under the authority of Title 38, United States Code, Chapter 55. The information requested will be used to assure the proper administration of the beneficiary's estate. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 37VA27, published in the Federal Register. The information requested is required to retain the benefit sought and is necessary in order to determine whether to continue the fiduciary arrangement.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

NAME OF FIDUCIARY (First-Middle-Last)	NAME OF VETERAN (First-Middle-Last)
NAME OF BENEFICIARY (First-Middle-Last)	LISTED SECURITIES ARE IN THE POSSESSION OF:

**SECTION I - U.S. SAVINGS BONDS**

LINE NO.	DEPOSITOR ACCOUNT TITLE	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>TOTAL</b>				▶ \$

I CERTIFY THAT the U.S. Savings Bonds listed on lines 1 through \_\_\_\_\_ were exhibited to me by the above-named fiduciary as being the property of the beneficiary, said bonds then and there being in the custody and control of the fiduciary.

DATE OF SIGNATURE	ADDRESS OF CERTIFYING OFFICIAL	SIGNATURE AND TITLE OF CERTIFYING OFFICIAL
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**SECTION II - OTHER ASSETS**

LINE NO.	DEPOSITOR ACCOUNT	TYPE OF ASSET	PURCHASE DATE	PURCHASE PRICE	INTEREST RATE (If applicable)	FACE VALUE OR NUMBER OF SHARES
1						
2						
3						
4						
5						
<b>TOTAL</b>						▶ \$

I CERTIFY THAT the assets listed on lines 1 through \_\_\_\_\_ were exhibited to me by the above-named fiduciary as being the property of the beneficiary, said assets then and there being in the custody and control of the fiduciary.

DATE OF SIGNATURE	ADDRESS OF CERTIFYING OFFICIAL	SIGNATURE AND TITLE OF CERTIFYING OFFICIAL
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*NOTE: This certificate should be executed by a Bank Official or an authorized official or agent of the company which is surety on your bond. However, if you are a court appointed fiduciary, the Judge or Clerk of the Court of your appointment may complete this certificate.*