

**PROBATE INFORMATION FORM**

Court File No.: .....

**COMMONWEALTH OF VIRGINIA**

(For appointment of executor, administrator, curator, and/or probate of a will without qualification.)

Circuit Court of .....

1. Decedent's full name ..... [ ] Married [ ] Single [ ] Divorced [ ] Widowed

2. Decedent's Residence address at death (street, city, state) .....

3. Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Death .....

4. Proof of death: [ ] Death certificate [ ] Obituary [ ] Other (specify) .....

5. The decedent died: [ ] with a will [ ] without a will. Date of will (and codicils) .....

6. Requested action: appointment of [ ] administrator [ ] executor [ ] curator [ ] probate of will

7. Name of person making request .....

8. Mailing address .....

9. Basis for request: [ ] executor named in will [ ] sole distributee [ ] other distributee [ ] creditor  
[ ] other .....

10. Name of person seeking appointment .....

11. Day telephone (\_\_\_\_) \_\_\_\_\_ Night telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

12. Residence address .....

13. Mailing address, if different .....

14. Name of any additional person seeking appointment .....

15. Day telephone ..... Night telephone .....

16. Residence address .....

17. Mailing address, if different .....

18. Name of assisting attorney, if any ..... Telephone .....

19. Attorney's mailing address .....

20. The total value of the decedent's real and personal estate [ ] did [ ] did not exceed \$15,000 on the date of death.

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

DATE

PRINTED NAME OF REQUESTING PERSON

SIGNATURE OF REQUESTING PERSON

**INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING APPOINTMENT**

21. Are you a person under a disability? [ ] yes [ ] no. (See Instructions for explanation.)

22. Have you ever been convicted of a felony? [ ] yes [ ] no.

23. Have you ever filed for bankruptcy? [ ] yes [ ] no.

24. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? [ ] yes [ ] no. (If yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

DATE

PRINTED NAME OF REQUESTING PERSON

SIGNATURE OF REQUESTING PERSON

ASSETS OF THE ESTATE OF \_\_\_\_\_

**Section One**

1. Did the deceased own any real property in this state?  
Answer: YES  NO

1(a). If the answer to Question 1 above is YES, answer the questions below.  
If NO, go to Question 2.

(i) Location of property: \_\_\_\_\_

(ii) Value of property? \$ \_\_\_\_\_

(iii) Is this property owned with any other person?

YES  NO  If NO, go to Question 2.  
If YES, name the other co-owner(s): \_\_\_\_\_

2. Did the deceased own any real property located outside this state?

Answer: YES  NO

- 2(a). If the answer to Question 2 is YES, answer the question below.

If NO, go to Section Two.

(i) Location of property: \_\_\_\_\_

**Section Two**

**\*\*PLEASE LIST ASSETS IN THE DECEASED'S NAME ONLY\*\***

1. Did the deceased own any of the following? Check the YES or NO for each item listed below. If YES, give value.

ITEM	YES	NO	AMOUNT
Stocks			
Bonds			
Investment Account			
Savings Bond			
Mutual Fund			
Money Market Account			
Certificate of Deposit			
Savings Account			
Checking Account			
Notes Receivable			
Accounts Receivable			
Pension Income			
Annuity			
Trust Income			
Other Securities, Etc.			
Miscellaneous Cash			

**Section Three**

1. Did the deceased have any insurance on his/her life?  
Answer: Yes  No

1(a). If the answer to Question 1 above is YES, answer the questions below.  
If NO, go to Question 2.

(i) Who is the Beneficiary of the policy(ies)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) If life insurance is payable to the decedent's estate,  
what is(are) the death benefit payment(s)? \$ \_\_\_\_\_

2. Was the deceased engaged in business as either a sole  
proprietor, partner, limited partner, or corporate partner?  
Answer: Yes  No

2(a). If the answer to Question 2 above is YES, answer the questions below.  
If NO, go to Question 3.

(i) Describe the business interest.  
\_\_\_\_\_

(ii) Provide the value of the business interest. \$ \_\_\_\_\_

3. Did the deceased have an interest in any other estate or trust which had  
not been distributed to him/her prior to death?  
Answer: Yes  No

3(a). If the answer to Question 3 above is YES, answer the questions below.  
If NO, go to Section Four.

(i) Describe the estate or trust interest.  
\_\_\_\_\_

(ii) Provide the value of the interest.  
\_\_\_\_\_

**Section Four**

1. Did the deceased own any automobiles, boats, trailers or other similar vehicles? Yes  No

1(a). If the answer to Question 1 above is YES, answer the questions below.  
If NO, go to Question 2.

(i) Describe the vehicle(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) Provide the value of each vehicle. \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iii) Is any vehicle owned with any other person?

Yes  No  If NO, go to Question 2.

If YES, name the co-owners, and provide the title or registration. \_\_\_\_\_  
\_\_\_\_\_

2. Provide the value of the personal effects and household furnishings owned by the deceased, **excluding** antiques, rare collections, and items specifically given away in the will of the deceased. \$ \_\_\_\_\_

3. List and give the value of any item of personal property owned by the deceased of special significance or value. Include items excepted above in Question 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Must Sign before Notary or Clerk/Deputy Clerk**

SUBMITTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF VIRGINIA, City/County of \_\_\_\_\_:

The foregoing was subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_

My Commission expires: \_\_\_\_\_.  
Registration No: \_\_\_\_\_

Notary Public/Clerk/Deputy Clerk



**PLEASE LIST THE HEIRS OF THE DECEDEDNT:  
(USE THE ATTACHED SHEET)**

SPOUSE-INDICATE IF FIRST, SECOND ETC:

IF NO SURVIVING SPOUSE; LIST CHILD/CHILDREN  
(INCLUDE CHILDREN FROM A PREVIOUS MARRIAGE OR OUTSIDE OF  
THE MARRIAGE)

NO CHILDREN LIST FATHER AND MOTHER OR SURVIVOR:

NO SPOUSE OR CHILD/CHILDREN OR LIVING PARENTS PLEASE LIST  
ALL BROTHERS AND SISTERS (IF ANY OF THEM ARE DECEASED  
PLEASE STILL LIST THEM AND THE DATE OF DEATH AND LIST THEIR  
CHILD/CHILDREN IF ANY)

## LIST OF HEIRS

## COMMONWEALTH OF VIRGINIA

## **MARTINSVILLE CIRCUIT COURT**

**I/we am/are (please check one):**

- Proponent(s) of the will (no qualification)**
  - Personal representative (s) of the decedent's estate**
  - Heir-at-law of intestate decedent (no qualification within 30 days following death)**