

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 DECEDENTS 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 DECEDENT:
(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)

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)**