APPLICATION FOR PROBATE APPOINTMENT

****FEES AND TAXES ARE DUE ON THE DAY OF YOUR APPOINTMENT****

You **MUST** return this application to the Probate Division **BEFORE** setting your appointment. Please **INCLUDE** a copy of the **WILL** and **DEATH CERTIFICATE**. You may fax (757-802-3323), email (Probate710@circuitcourtva.us) or mail (Norfolk Circuit Court Clerk's Office, Probate Division, 150 St. Paul's Blvd., 7th Floor, Norfolk, VA 23510) the information.

APPLICANT INFORMATION

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number/Email address: _____

Relationship to the decedent: _____

DECEDENT INFORMATION

Full Name: _____

Address at time of death: _____

SSN: _____

Date of birth: _____

Date of death: _____

Will: Yes No Dated: _____ # of Pages: _____

ASSETS OF THE DECEDENT

List assets in the decedents **name only**. (Ex: bank accounts, stocks, cars, etc.)
Do not list accounts/policies with "survivorship, "payable on death", or "beneficiary".

Description	Estimated Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

REAL ESTATE Provide all the addresses of real estate in the decedent's name.

1. _____: jointly held YES NO
2. _____: jointly held YES NO

HEIRS AT LAW

Heirs at law are next of kin (spouse, children birthed/fathered, parents, siblings, etc) and do not necessarily inherit under the will.

Law requires the full name, ages and complete addresses of the heirs.

Name	Age	Relationship	Address
1.			
2.			
3.			
4.			
5.			

FOR OFFICE USE ONLY

Appointment: Day/Date/Time: _____

Will With/Without Surety: _____ Will Self-Proving : _____

Action/Notes: _____

_____