

PROBATE INFORMATION FORM

COMMONWEALTH OF VIRGINIA

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

Circuit Court of **Fluvanna County, Virginia**

1. Decedent's full name: _____
 Married Single Divorced Widowed
2. Decedent's Residence address at death (street, city, state): _____
3. Date of birth: _____
4. Date and place of death: _____
5. Proof of death: Death certificate Obituary Other (specify) _____
6. The decedent died: with a will without a will. Date of will _____
7. The decedent died: with a codicil without a codicil. Date of codicils: _____
8. Requested action: appointment of administrator executor curator probate of will
9. Name of person making request: _____
10. Mailing address: _____
11. Basis for request: executor named in will spouse-distributee other distributee creditor other _____
12. Name of person seeking appointment: _____
13. Day telephone: (____) _____ - _____, Night telephone: (____) _____ - _____
14. Residence address: _____
15. Mailing address, if different: _____
16. Name of any additional person seeking appointment: _____
17. Day telephone: (____) _____ - _____, Night telephone: (____) _____ - _____
18. Residence address: _____
19. Mailing address, if different: _____
20. Name of assisting attorney, if any _____ Telephone: (____) _____ - _____
21. Attorney's mailing address: _____
22. The total value of the decedent's real and property estate did did not exceed \$15,000.00 on the date of death.

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 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
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Date	Printed Name of Requesting Person	Signature of Requesting Person
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INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING APPOINTMENT

23. Are you a person under a disability? 1st: yes no / 2nd: yes no
24. Have you ever been convicted of a felony? 1st: yes no / 2nd: yes no
25. Have you ever filed for bankruptcy? 1st: yes no / 2nd: yes no
26. Are you now, or have you ever been, an attorney for the Virginia State Bar or elsewhere?
 (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.) 1st: yes no / 2nd: yes no

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 legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

(1 st)	Date	Printed Name of Requesting Person	Signature of Requesting Person
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(2 nd)	Date	Printed Name of Requesting Person	Signature of Requesting Person
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