

**Please complete the following form and return it to the address below, an appointment will be scheduled for the filing of the below estate following the reception of this form. If you have any questions, please do not hesitate to contact us at the below number.**

**Tristana Treadway, Clerk  
P.O. Box 550, Palmyra, Virginia 22963  
Telephone: (434) 591-1970, Facsimile: (434) 591-1971**

ESTATE OF \_\_\_\_\_  
(Full name, including maiden name & maiden middle name)

DATE OF DEATH \_\_\_\_\_ AGE AT DEATH \_\_\_\_\_

Last address of Decedent (prior to nursing home): \_\_\_\_\_

1. Did the decedent own any real property in this state? yes no
2. If the answer to Question 1 is **YES**, answer the questions below. If **NO**, go to Question 3.
  - (a) Location of Property: \_\_\_\_\_
  - (b) Assessed value of Property: \$ \_\_\_\_\_
  - (c) Is the property owned with any other person? yes no  
If **NO**, go to Question 3.  
If **YES**, name the other co-owner(s): \_\_\_\_\_  
Is the property owned "with survivorship"? yes no

3. Did the decedent own any real property located outside this state? yes no

4. If the answer to Question 3 is **YES**, answer the question below. If **NO**, go to Question 5.
  - (a) Location of Property: \_\_\_\_\_

5. Did the decedent own or possess any of the following? **Check YES or NO for each item listed below. If YES, give value and institution where held. (IF AN ACCOUNT IS JOINTLY OWNED WITH SURVIVORSHIP, HAS A NAMED BENEFICIARY, IS PAYABLE ON DEATH, OR TRANSFERABLE ON DEATH, IT IS NOT PART OF THE PROBATE ESTATE & DOES NOT NEED TO BE LISTED)**

	VALUE	INSTITUTION
Stocks	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____
Bonds	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____
Investment Account	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____
Savings Bond	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____
Mutual Fund	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____
Money Market Account	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____
Certificate of Deposit	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____
Savings Account	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____	_____

**VALUE                      INSTITUTION**

Checking Account	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____
Notes Receivable	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____
Accounts Receivable	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____
Pension Income	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____
Annuity	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____
Trust Income	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____
Other Securities, etc.	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____
Miscellaneous Cash	<input type="checkbox"/> yes <input type="checkbox"/> no	\$ _____	_____	_____

6. Did the decedent have any insurance on his / her life? yes no
7. If the answer to Question 6 is **YES**, answer the questions below. If **NO**, go to Question 8.
- (a) Who is the Beneficiary of the policy(ies)? \_\_\_\_\_
- (b) If life insurance is payable to the decedent's estate, what is (are) the death benefit payment(s) and what is the company's name? \$ \_\_\_\_\_
8. Was the decedent engaged in business as either a sole proprietor, partner, limited partner, or corporate partner? yes no
9. If the answer to Question 8 above is **YES**, answer the questions below. If **NO**, go to Question 10.
- (a) Describe the business interest: \_\_\_\_\_
- (b) Provide the value of the business interest: \$ \_\_\_\_\_
10. Did the decedent have an interest in any other estate or trust which had not been distributed to him / her prior to death? yes no
11. If the answer to Question 10 above is **YES**, answer the questions below. If **NO**, go to Question 12.
- (a) Describe the estate or trust interest: \_\_\_\_\_
- (b) Provide the value of the interest: \_\_\_\_\_
12. Did the decedent own any automobiles, boats, trailers or other similar vehicles? yes no
13. If the answer to Question 12 above is **YES**, answer the questions below. If **NO**, go to Question 14.
- (a) Describe the vehicles(s) **[Year, Make & Model]**: \_\_\_\_\_
- (b) Provide the value of each vehicle: \$ \_\_\_\_\_
- (c) Is any vehicle owned with any other person? yes no; If **NO**, go to Question 14. If **YES**, name the co-owners and provide the title or registration: \_\_\_\_\_

14. Provide the value of the personal effects and household furnishings owned by the decedent, excluding items specifically given away in the will of the decedent:

Clothing and personal effects \$\_\_\_\_\_ **(minimum of \$25.00 required)**

Household furnishings, furniture and appliances \$\_\_\_\_\_

15. List and give the value of any items in the will of the decedent:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**\*\*\*INFORMATION\*\*\***

- **A certified copy of the death certificate and the original Will is needed prior to the probate of the estate.**
- **A cost is involved in probating an estate. The cost is based upon the value of the estate.**
- **A list of the heirs at law must be provided to the Clerk assisting in the probate, along with the ages and addresses of the heirs.**