Print for Submission to Court | Highlight Fields | Clear All Data

LIST OF HEIRS

COMMONWEALTH OF VIRGINIA

Case No. _____

_____ Circuit Court

_____ _____

NAME OF DECEDENT | DATE OF DEATH

I/We, the undersigned, hereby state under oath that the following are all of the heirs of the Decedent:

NAMES OF HEIRS	ADDRESSES	RELATIONSHIP	AGE

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)

Given under my/our hand this _____ day of _____, 20 _____

DATE

_____ _____

PRINTED NAME OF SUBSCRIBER | SIGNATURE OF SUBSCRIBER

_____ _____

PRINTED NAME OF SUBSCRIBER | SIGNATURE OF SUBSCRIBER

_____ _____

PRINTED NAME OF SUBSCRIBER | SIGNATURE OF SUBSCRIBER

State of _____ [ ] City [ ] County of _____ to wit:

Subscribed and sworn to before me this _____ day of _____, 20 _____

by _____

NAME(S)

_____

_____

[ ] CLERK [ ] DEPUTY CLERK [ ] NOTARY PUBLIC

My commission expires _____

Registration No. _____

VIRGINIA: In the Clerk's Office of the _____ Circuit Court this _____ day of _____, 20 _____. the foregoing LIST OF HEIRS was filed and admitted to record.

Teste: _____

CLERK

by: _____ , Deputy Clerk

FORM CC-1611 MASTER 05/08

VA. CODE § 64.1-134