

# 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@circuitcourtnva.us) or mail (Norfolk Circuit Court Clerk's Office, Probate Division, 150 St. Paul's Blvd., 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
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_