

LIST OF HEIRS

COMMONWEALTH OF VIRGINIA VA. CODE § 64.2-509

Court File 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

☐ This LIST OF HEIRS is filed in addition to the LIST OF HEIRS previously filed with this Court on

DATE

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

DATE

PRINTED NAME OF SUBSCRIBER

SIGNATURE OF SUBSCRIBER

PRINTED NAME OF SUBSCRIBER

SIGNATURE OF SUBSCRIBER

PRINTED NAME OF SUBSCRIBER

SIGNATURE OF SUBSCRIBER

State/Commonwealth 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