## PROBATE INFORMATION FORM

PROBATE INFORMATIO		Court File	e No.:
COMMONWEALTH OF VIRGIN		n and/annuahat	of a will without avalification
• • • • • • • • • • • • • • • • • • • •		•	e of a will without qualification.)
			] Divorced [ ] Widowed [ ] Unknown
	-		
	-		)
	•		dicils)
6. Requested action: appointment			
7. Name of person making reques	t		
9. Basis for request: [ ] executor	named in will [ ] sole distr	ibutee [ ]	other distributee [ ] creditor
10. Name of person seeking appoint	ntment		
1. Day telephone	Night tele	phone	
2. Residence address			
3. Mailing address, if different			
4. Name of any additional person	seeking appointment		
5. Day telephone	Night tele	phone	
6. Residence address			
7. Mailing address, if different			
_			Telephone
			· · · · · · · · · · · · · · · · · · ·
			exceed \$15,000 on the date of death.
	of my knowledge and belief thi	is is an accurate	statement of facts, and I acknowledge a
DATE	PRINTED NAME OF REQUESTIN	NG PERSON	SIGNATURE OF REQUESTING PERSON
INFORMATION '	TO BE FURNISHED BY EA	CH PERSON S	SEEKING APPOINTMENT
21. Are you a person under a disa	bility? [ ] yes [ ] no. (See	Instructions for	explanation.)
22. Have you ever been convicted	l of a felony? [ ] yes [ ] no.		
23. Have you ever filed for bankr	uptcy?[] yes [] no.		
•	•	-	nere? [ ] yes [ ] no. (If yes, and you do tails on a separate sheet of paper.)
I (we) hereby certify that to th	e best of my (our) knowledge a	and belief this is	an accurate statement of facts, and I (we)
acknowledge a continuing duty to	report any later discovered erro	ors or inconsister	ncies to the Clerk of Court.
DATE	PRINTED NAME OF REQUESTI	NG PERSON	SIGNATURE OF REQUESTING PERSON
DATE	PRINTED NAME OF REQUESTING	NG PERSON	SIGNATURE OF REQUESTING PERSON