

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
.....
.....
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.....
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.....
.....

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 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/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