

**CERTIFICATE OF CREDITOR OR PERSON  
OTHER THAN A DISTRIBUTE**

Court File No. ....

COMMONWEALTH OF VIRGINIA  
VA. CODE § 64.2-502

Circuit Court of ..... **COUNTY OF FAIRFAX** .....

Decedent's full name .....

I certify that I have made a diligent search to find an address for any sole distributee:

I have given not less than thirty days notice by certified mail of my intention to apply for administration to the last known address or address of the distributee;

OR

I have been unable to find any such address.

.....  
DATE

.....  
PRINTED NAME OF CREDITOR OR PERSON  
OTHER THAN A DISTRIBUTE

.....  
SIGNATURE OF REQUESTING PERSON