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Clear All Data

LIST OF HEIRS

COMMONWEALTH OF VIRGINIA VA. CODE § 64.2-509

Court File No. .....

.....COUNTY OF FAIRFAX..... 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 ..... day of .....
DATE
, 20 .....

.....
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

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