

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court.
2. Prepared by
  - a. Proponent of will, personal representative of estate or heir-at-law.
  - b. Person taking acknowledgment.
  - c. Clerk
3. Attachments – none.
4. Preparation details

A representative cannot receive compensation for his or her services until a list of heirs has been filed with the circuit court.

**LIST OF HEIRS**  
COMMONWEALTH OF VIRGINIA VA. CODE § 64.2-509

Court File No. **1** .....

..... **2** ..... Circuit Court

..... **3** ..... **4** .....  
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:

<b>5</b>	<b>6</b>	<b>7</b>	<b>9</b>
NAMES OF HEIRS	ADDRESSES	RELATIONSHIP	AGE
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**9** [ ] This LIST OF HEIRS is filed in addition to the LIST OF HEIRS previously filed with this Court on ..... DATE

- 10** 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 **11** ....., 20 .....  
DATE

..... <b>12</b> .....	..... <b>13</b> .....
PRINTED NAME OF SUBSCRIBER	SIGNATURE OF SUBSCRIBER
.....	.....
PRINTED NAME OF SUBSCRIBER	SIGNATURE OF SUBSCRIBER
.....	.....
PRINTED NAME OF SUBSCRIBER	SIGNATURE OF SUBSCRIBER

State/Commonwealth of **14** ..... [ ] City [ ] County of **15** ..... to wit:

Subscribed and sworn to before me this ..... day of **16** ....., 20 .....

by ..... **17** .....  
NAME(S)

..... **18** .....

[ ] CLERK [ ] DEPUTY CLERK [ ] NOTARY PUBLIC

My commission expires ..... **19** .....

Registration No. .... **20** .....

VIRGINIA: In the Clerk's Office of the ..... **21** ..... Circuit Court this ..... **22** day of ....., 20 ..... the foregoing LIST OF HEIRS was filed and admitted to record.

Teste: ..... **23** .....  
CLERK

by: ..... **24** ....., Deputy Clerk

**Data Elements**

Completed by proponent of will, personal representative or heir-at-law:

1. Court file number assigned by clerk's office.
2. Court name.
3. Name of decedent.
4. Date of decedent's death.
5. Name(s) of known heir(s) of decedent.
6. Address(es) of known heirs of decedent.
7. Relationship of know heirs of decedent
8. Age, if known, of known heirs of decedent.
9. Check box to indicate if List of Heirs is filed in addition to a previously filed List.
10. Check appropriate box to designate the position of the subscriber.
11. Date of complete of the List of Heirs.
12. Printed name of subscriber.
13. Signature of subscriber.

Completed by person taking acknowledgment:

14. State in which signature was acknowledged.
15. City or county in which signature acknowledged.
16. Date form acknowledged and sworn to before the clerk, deputy clerk or notary public.
17. Name of subscriber.
18. Signature of clerk, deputy clerk or notary.
19. Date commission expires if acknowledged by notary.
20. Registration number if acknowledged by notary.

Completed by clerk:

21. Name of court.
22. Date on which List of Heirs admitted to record.
23. Signature of clerk if filed with clerk. If filed with deputy clerk, print or type the clerk's name.
24. Signature of deputy clerk if filed with deputy clerk.