LIST OF HEIRS COMMONWEALTH OF VIRGINIA VA. COD	E § 64.2-509	Court File No.	
		IRFAX	Circuit Court
NAME OF DECEDENT		DATE OF DEATH	
I/We, the undersigned, hereby state under	r oath that the following ar	e all of the heirs of the Decedent:	
NAMES OF HEIRS	ADDRESSES	RELATIONSHIP	AGE
[] This LIST OF HEIRS is filed in addition	on to the LIST OF HEIRS pre	viously filed with this Court on	
I/we am/are (please check one): [] Proponent(s) of the will (no qualifica [] Personal representative(s) of the dece [] Heir-at-law of intestate decedent (no	edent's estate	ys following death)	DATE
Given under my/our hand this	day of		, 20
		DATE	
PRINTED NAME OF SUBSCRIBER		SIGNATURE OF SUBSCRIBER	
PRINTED NAME OF SUBSCRI	IBER	SIGNATURE OF SUBSCRIBE	R
PRINTED NAME OF SUBSCRI	IBER	SIGNATURE OF SUBSCRIBE	R
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 PU	
		My commission expires	
		Registration No.	
VIRGINIA: In the Clerk's Office of the the foregoing LIST OF HEIRS was filed an		Court this day of	, 20
5 5		Teste:CLERK	
		by:	_ , Deputy Clerk