

APPLICATION FOR PROBATE APPOINTMENT

****FEES AND TAXES ARE DUE ON THE DAY OF YOUR APPOINTMENT****

You **MUST** return this application to the Probate Division **BEFORE** setting your appointment. Please **INCLUDE** a copy of the **WILL** and **DEATH CERTIFICATE**. You may fax (757-382-3046), email (CCCProbate@CityofChesapeake.net) or mail (City of Chesapeake, Circuit Court Clerk's Office, Probate Division, 307 Albemarle Drive, Suite 300A, Chesapeake, VA 23322) the information.

APPLICANT INFORMATION

Full Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone Number: _____

Relationship to the decedent: _____

Your email address: _____

DECEDENT INFORMATION

Full Name: _____

Address at time of death: _____

SSN: _____

Date of birth: _____ Date of Death: _____ Marital Status _____

Will: Yes No Dated: _____ # of Pages: _____

ASSETS OF THE DECEDENT

List assets in the decedents **name only**. (Ex: bank accounts, stocks, cars, etc.)

Do not list accounts/policies with "survivorship", "payable on death", or "beneficiary".

Description	Estimated Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

REAL ESTATE

Provide all the addresses of real estate in the decedent's name. as well as the City's Assessed Value

1. _____: jointly held YES NO

2. _____: jointly held YES NO

HEIRS AT LAW

Heirs at law are next of kin (spouse, children birthed/fathered, parents, siblings, etc) and do not necessarily inherit under the will. **Law requires the full name, ages and complete addresses of the heirs.** Attach additional pages if more space is needed.

Name	Age	Relationship	Address
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

FOR OFFICE USE ONLY Appointment: Day/Date/Time:

Will With/Without Surety: _____ Will Self-Proving: _____

Action/Notes: _____