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LIST OF HEIRS

COMMONWEALTH OF VIRGINIA VA. CODE § 64.1-134

Court File No. _____

_____ 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 _____, 20 _____
DATE

_____ _____
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

FORM CC-1611 MASTER 05/10

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