

REAL ESTATE AFFIDAVIT
COMMONWEALTH OF VIRGINIA VA. CODE § 64.1-135

Court File No.

..... Circuit Court

.....
NAME OF DECEDENT DATE OF DEATH

.....
NAME AND ADDRESS OF SUBSCRIBER

[] I have an interest as in the real property of the decedent; AND/OR

[] I qualified in as
NAME OF COURT

the personal representative of the above-named decedent, who died intestate as to the real estate described herein, and who, at the time of death, was seized of real property in this county/city, briefly described as

.....
.....
.....

The name and last known address of decedent's heirs are:

NAMES OF HEIRS ADDRESSES RELATIONSHIP AGE

.....
.....
.....
.....

.....
DATE SIGNATURE OF SUBSCRIBER

State/Commonwealth of [] City [] County of

Subscribed and sworn to before me

by
PRINT NAME OF SIGNATORY

this day of, 20

[] 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 AFFIDAVIT was filed and admitted to record.

Teste:
CLERK

By:, Deputy Clerk