

MOTION AND AFFIDAVIT REGARDING DISCLOSURE OF DIGITAL ACCOUNT USER RECORDS

Commonwealth of Virginia VA. CODE § 64.2-111

Estate of, deceased

I, the undersigned, upon information and belief, state under oath/affirm the following:

- 1. I am a personal representative of the estate of the deceased person named above.
- 2. The deceased person named above (“deceased user”) was a subscriber or customer of
NAME OF SERVICE PROVIDER
- 3. The account belonging to the deceased user has been reasonably identified, including through a unique identifier assigned by the provider or other identifying information sufficient to enable the service provider to definitely identify the user.
- 4. There are no other authorized users or owners of the deceased user’s account

OR

- All other authorized users or owners of the deceased user’s account have expressly consented in written or electronic form to disclosure of the digital account user records to the personal representative of the estate.
- 5. This request for disclosure is tailored to effectuate the purpose of the administration of the estate
- 6. The deceased user did not have a will.

OR

This request is not in conflict with the deceased user’s will.

I request the court to order the service provider named above to disclose the deceased user’s records for

the 18-month period prior to the date of death

OR

.....
SPECIFY TIME PERIOD FOR WHICH DISCLOSURE IS SOUGHT AND EXPLAIN NEED FOR DISCLOSURE IF REQUESTING TIME PERIOD IN EXCESS OF 18-MONTH PERIOD PRIOR TO DATE OF DEATH

This request does not seek the contents of the deceased user’s electronic communications or stored contents.

.....
DATE

.....
SIGNATURE OF PERSONAL REPRESENTATIVE

Commonwealth/State of City County of

Subscribed and sworn to/affirmed before me on this day of, 20

by
PRINT NAME OF PERSONAL REPRESENTATIVE

.....

.....
DATE

.....
 CLERK DEPUTY CLERK NOTARY PUBLIC

Notary Registration No. My commission expires: