

# 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 ([cblount@cityofchesapeake.net](mailto:cblount@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: \_\_\_\_\_

## 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: \_\_\_\_\_  
\_\_\_\_\_