

County of Spotsylvania
Founded 1721

SPOTSYLVANIA CIRCUIT COURT
OFFICE OF THE CLERK
P.O. Box 96
9107 JUDICIAL CENTER LANE
SPOTSYLVANIA, VA 22553

CHRISTALYN MITCHELL JETT
CLERK OF COURT
PHONE (540) 507-7600



Service, Integrity, Pride

APPLICATION FOR PROBATE APPOINTMENT

You **MUST** return this application to the Probate Division **BEFORE** setting your appointment. Please include a copy of the **WILL** and **DEATH CERTIFICATE**. The original **WILL** and **DEATH CERTIFICATE** must be provided by the day of appointment.

PROBATE DIVISION TELEPHONE NUMBERS:

Alecia Hamilton – (540) 507-7620
Stephanie L. Lillis – (540) 507-7603

This application can be returned by:

E-mail: aahamilton@vacourts.gov or slillis@vacourts.gov

Mail: Spotsylvania Circuit Court, Attention: Probate, P. O. Box 96, Spotsylvania, VA 22553

In-Person: Spotsylvania Circuit Court, 9107 Judicial Center Lane, Spotsylvania, VA 22553

APPLICANT INFORMATION

Full Name: _____

Address: _____

Mailing Address (if different): _____

Daytime Telephone Number: _____

Email Address: _____

Relationship to the decedent: _____

DECEDENT INFORMATION

Full Name: _____

Address at time of death: _____

SSN: _____ Date of Birth: _____ Date of Death: _____

Will: YES NO Date of Will: _____ # of Pages: _____

ASSETS OF THE DECEDENT (continue on additional page if needed)

List assets in the **decedent's name only** (Example: bank accounts, stocks, bonds, automobiles, etc.) **Do not list accounts/policies with "survivorship," that are joint, "payable on death," have a living "beneficiary," or assets in a "pre-established trust."**

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

REAL ESTATE

List all real estate in the decedent's name even if it is jointly held

1. _____	jointly held	YES	NO
2. _____	jointly held	YES	NO
3. _____	jointly held	YES	NO
4. _____	jointly held	YES	NO

***if property was jointly owned by someone who is also deceased please provide their name and date of death**

HEIRS AT LAW

(Continue on additional page if needed)

Heirs are next of kin (spouse and children birthed, fathered or legally adopted). If no spouse or children, list parents, then siblings, etc... pursuant to the *Code of Virginia § 64.2-200- Course of descents generally.* ***Please indicate whether children are OF the current marriage or from a prior relationship.**

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

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

FOR OFFICE USE ONLY

Appointment Scheduled BY: _____

Appointment Date & Time: _____

Appointment Type: _____