## **APPLICATION FOR PROBATE APPOINTMENT**

You <u>MUST</u> return this application to the Probate Division <u>BEFORE</u> setting your appointment. Please <u>INCLUDE</u> a copy of the <u>WILL</u> and <u>DEATH CERTIFICATE</u>. You may fax documents to (540) 586-6197, email to <u>bedfordprobate@vacourts.gov</u> or mail to Bedford County Circuit Court Clerk's Office at 123 East Main St., Suite 201, Bedford, VA 24523. You can also drop it off at the Clerk's Office if you would like.

APPLICANT INFORMATION	<u>DN</u>	
Full Name:		
Daytime Telephone Num	ber:	
Relationship to the Dece	dent:	
Email:		
DECEDENT INFORMATIO	<u>N</u>	
Full Name:		
Address at Time of Death	:	
SSN:		
Date of Birth:	Date of Death:	Marital Status:
PERSONAL ASSETS OF TH	IE DECEDENT	
	its name only. (Ex: bank accounts, st urvivorship", "payable on death", or	•
Description	Estimated value	at the time of death
1		
2		
_		

## **REAL ESTATE**

	alue. Did the deced	al estate in Virginia in the d ent own real estate in anot				
1						
2						
3						
4						
5						
HEIRS AT L	<u>AW</u>					
	ent or are not benef	e need this information reg iciaries listed in the will) La		_		
Name	Age	Relationship	Address			
1						
2						
3						
4				<u>-</u>		
5						
6						
FOR OFFIC	E USE ONLY AP	POINTMENT: DATE/TIME:				
Will with/v	without surety	Will Self-P	roving:			
Action/Notes:						