

**IN THE CIRCUIT COURT OF FAIRFAX COUNTY  
PROBATE INFORMATION FORM  
PLEASE PRINT CLEARLY**

Fiduciary Number: FI- \_\_\_\_\_ - \_\_\_\_\_

1. Decedent's full name exactly as it appears on the death certificate:

\_\_\_\_\_

2. Decedent's full name exactly as it appears on the will & codicil(s), if such document exists:

\_\_\_\_\_

3.      Married                      Widowed                      Divorced                      Never Married

4. Decedent's residence address at death (street, city, state):

\_\_\_\_\_

5. Date of Death: \_\_\_\_\_ Place of death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

6. Proof of death:    Death Certificate:    other \_\_\_\_\_

7. Decedent died:    with a will                      without a will                      with a codicil                      without a codicil

8. Date of will: \_\_\_\_\_ Date of codicil(s): \_\_\_\_\_

9. Name, address & telephone number of ALL PERSONS probating will and/or seeking appointment as:

Executor                      Administrator                      Other \_\_\_\_\_

A.      Name: \_\_\_\_\_

Address: \_\_\_\_\_

Evening Telephone #: \_\_\_\_\_ Day Telephone #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

B.      Name: \_\_\_\_\_

Address: \_\_\_\_\_

Evening Telephone #: \_\_\_\_\_ Day Telephone #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

C.      Name: \_\_\_\_\_

Address: \_\_\_\_\_

Evening Telephone #: \_\_\_\_\_ Day Telephone #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

D.      Name: \_\_\_\_\_

Address: \_\_\_\_\_

Evening Telephone #: \_\_\_\_\_ Day Telephone #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

**If the person(s) seeking appointment is(are) *NOT* a Virginia resident, then bring a Virginia resident with you to your appointment to either co-qualify as executor/administrator or to be appointed as the resident agent. If the resident agent is unable to accompany/appear at the appointment, then bring a completed, notarized Resident Agent form.**

10. Is the fiduciary a licensed Virginia attorney?      Yes                      No

11. Does an attorney represent the Fiduciary?              Yes                      No

If yes, please state the name, address and telephone number of the attorney:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Was the decedent a Fairfax County or Fairfax City Resident?      Yes              No  
If no, the jurisdiction of probate is where the decedent was residing.

13. Was the decedent in a nursing home at the time of death?      Yes              No  
If yes, where did the decedent reside prior to entering the nursing home?

\_\_\_\_\_

14. Basis for request:    executor named in will      Other \_\_\_\_\_

15. The approximate value of personal assets held in the decedent's name **alone**:

Personal: \$ \_\_\_\_\_

16. The fair market value of the real estate and the county/city it is located in the decedent's name alone.

**Virginia** Real Estate: \$ \_\_\_\_\_

Location: \_\_\_\_\_

Real Estate **outside** of Virginia: \_\_\_\_\_

**INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING QUALIFICATION**

17. Are you a person under a disability? (See Instructions for Explanation.)      Yes      No

18. Have you ever been convicted of a felony?      Yes      No

19. Have you ever filed for bankruptcy?      Yes      No

20. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere?      Yes      No      (if yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)

I(we) hereby certify that to the best of my(our) knowledge and belief this is an accurate statement of facts, and I(we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

\_\_\_\_\_

Date	Printed Name of Requesting Person	Signature of Requesting Person
------	-----------------------------------	--------------------------------

\_\_\_\_\_

Date	Printed Name of Requesting Person	Signature of Requesting Person
------	-----------------------------------	--------------------------------

\_\_\_\_\_

Date	Printed Name of Requesting Person	Signature of Requesting Person
------	-----------------------------------	--------------------------------

\_\_\_\_\_

Date	Printed Name of Requesting Person	Signature of Requesting Person
------	-----------------------------------	--------------------------------