

Loudoun County, Virginia

**PROBATE INFORMATION FORM**

**Decedent's Information**

**Probate File #:** \_\_\_\_\_

Decedent's Name: \_\_\_\_\_  
Decedent's Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date and Place of Death: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Widowed  
Proof of Death:  Death Certificate  Obituary  Funeral Receipt  
Decedent Died:  Testate (with a will)  Intestate (without a will)

**Subscriber Information**

Subscriber's Name \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Email: \_\_\_\_\_  
Basis for request:  Executor  Heir at law  Motion  Court Appointment  
Requested Action:  Executor  Administrator  Probate Will only/no qualification

**Attorney Information (if any)**

Attorney's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Value Information:**

The total value of the decedent's real and personal estate  did  did not exceed \$25,000 on the date of death.

**Information to be furnished by each person who is seeking appointment as executor/administrator**

Are you a person under a disability?  yes  no  
Have you ever been convicted of a felony?  yes  no  
Have you ever filed for bankruptcy?  yes  no  
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).

**Certification of Subscriber:**

I hereby certify that to the best of my knowledge and belief, this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Probate Clerk of Court and/or the Commissioner of Accounts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Subscriber's Name

\_\_\_\_\_  
Subscriber's Signature