

HON. WILLIAM D. GARDNER
Clerk of Court



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WINCHESTER CIRCUIT COURT
FREDERICK-WINCHESTER JUDICIAL CENTER
5 NORTH KENT STREET
WINCHESTER, VIRGINIA 22601
(540) 667-5770
www.winfredclerk.com

- *Please call to schedule an appointment**
- *Fees and Taxes are due at the time of appointment**
- *Death Certificate, Original Will (if applicable) and a List of Heirs will need to be brought to the courthouse before your appointment**

Name of Deceased: _____
First Middle Last

Date of Death: _____ Place of Death: _____
City/State

Date of Birth: _____

Social Security Number of Deceased: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

1. Is there a Will? YES _____ NO _____
2. Did the deceased own any real property in Virginia? YES _____ NO _____
PROPERTY ADDRESS- _____
3. Did the deceased own any real property located outside of Virginia? Yes ___ No ___
PROPERTY ADDRESS- _____
4. Did the deceased own any of the following? Circle YES or NO for each item listed below, if YES please provide approximate value
Stocks YES NO \$ _____
Bonds YES NO \$ _____
Investment Accounts YES NO \$ _____
Savings Bonds YES NO \$ _____
Mutual Funds YES NO \$ _____
Money Market Accounts YES NO \$ _____
Certificates of Deposit YES NO \$ _____
Savings Accounts YES NO \$ _____
Checking Accounts YES NO \$ _____
Notes Receivable YES NO \$ _____
Accounts Receivable YES NO \$ _____
Pension Income YES NO \$ _____
Annuity YES NO \$ _____
Trust Income YES NO \$ _____
Other Securities, etc. YES NO \$ _____
Miscellaneous Cash YES NO \$ _____

5. Did the deceased have any life insurance? YES _____ NO _____
BENEFICIARY NAMES-

5a. Is the life insurance payable to the decedent's estate? YES _____ NO _____

6. Was the deceased engaged in business as either a sole proprietor, partner, limited partner, or corporate partner? YES _____ NO _____

DESCRIBE BUSINESS INTEREST-

VALUE OF INTEREST- \$ _____

7. Did the deceased have an interest in any other estate or trust which had not been distributed to him/her prior to death? YES _____ NO _____

DESCRIBE THE ESTATE/TRUST INTEREST-

8. Did the deceased own any automobiles, boats, trailers, or similar vehicles?
YES _____ NO _____

MAKE _____ MODEL _____ YEAR _____ VALUE \$ _____
CO-OWNER? YES _____ NO _____ NAME- _____

MAKE _____ MODEL _____ YEAR _____ VALUE \$ _____
CO-OWNER? YES _____ NO _____ NAME- _____

9. Please provide the value of the personal effects and household furnishings owned by the deceased, including items specifically given away in the will of the deceased.

PERSONAL PROPERTY VALUE- \$ _____

PERSONAL PROPERTY VALUE- \$ _____

PERSONAL PROPERTY VALUE- \$ _____

10. Who are the potential Heirs at Law:

NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____

***ALL INFORMATION IS KEPT CONFIDENTIAL**