

**APPLICATION FOR PROBATE APPOINTMENT
FREDERICK COUNTY CIRCUIT COURT
DEBBIE MACKNIGHT-PROBATE CLERK
540-667-5770 ext. 327
dmacknight@vacourts.gov**

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

You must return this application to the Probate Division BEFORE setting your appointment, along with the **ORIGINAL WILL** and **DEATH CERTIFICATE**

DECEDENT INFORMATION

Full Name: _____

Address at time of death: _____

Date of birth: _____ Date of death: _____

APPLICANT INFORMATION

Full Name: _____

Address: _____

Daytime Telephone Number: _____ Email: _____

Relationship to the decedent: _____

Is there a Will? Yes: **Continue** No: Continue to **EXECUTOR/ADMINISTRATOR** section

WILL INFORMATION

Dated: _____ # of Pages: _____

First Named Executor/Executors: _____

Address: _____

Phone Number: _____ Email: _____

If the first-named Executor is still living and they do not wish to qualify, they will need to complete a waiver of qualification prior to the appointment. (Available at Clerk's Office)

Second Named Executor/Executors if applies: _____

Address: _____

Phone #: _____ Email: _____

EXECUTOR/ADMINISTRATOR- Have you been convicted of a felony offense of (i) fraud or misrepresentation or (ii) robbery, extortion, burglary, larceny, embezzlement, fraudulent conversion, perjury, bribery, treason, or racketeering? YES _____ NO _____

LIST OF HEIRS

Please provide a list of the **name, address, relation, and ages** of the living legal relatives (*heirs*). (The heirs may differ from the beneficiaries named in the will.)

Order of Inheritance:

1. Surviving spouse
Children **who are not biological/adopted children of surviving spouse**, stop or if none proceed to #2
2. Children of deceased
Descendants of deceased children, stop or if none proceed to #3
3. Parents of deceased, stop if none proceed to #4
4. Siblings of deceased
Descendants of deceased siblings, stop if none proceed to #5
5. Nieces/Nephews of deceased and/or descendants of deceased Nieces/Nephew

NAME	ADDRESS	RELATION	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BENEFICIARIES NAMED IN WILL

List all **NAMES** and **ADDRESSES** for persons/organizations listed in the Will to receive a portion of the estate, even if they are listed as an heir.

ASSETS OF THE DECEDENT

Personal assets of the decedents name only.

- stocks, bonds, cds
- notes of debts owed to deceased person
- bank accounts (checking, savings, etc.)
- interests in any businesses
- brokerage firm accounts, life insurance, annuity, or retirement plan payable to estate
- money or assets due deceased person from another state
- personal contents of home
- automobiles, boats
- Firearms

Do not list accounts/policies with “survivorship”, “payable on death”, or “beneficiary”.

Description/Estimated Value (If you need more space you can attach additional info)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

REAL ESTATE

Provide all the addresses of real estate in the decedent’s name.

1. _____ : jointly held YES NO
2. _____ : jointly held YES NO

FOR OFFICE USE ONLY

Appointment: Day/Date/Time: _____

RWO: ____ SE Qual: ____ Qual: _____ Will With/Without Surety: _____ Will Self-Proving: _____

Bond: ____ Bonding Agent: _____ Insurance Co: _____

Action/Notes:
