

## TIFFANY M. COUCH, CLERK

(540) 382-5760

## PROBATE INFORMATION FORM

Decedent's Name:	Date of Death:	-
Your Name:	Phone Number:	
Was the deceased a Montgomery	County resident? Yes: Continue. No: Proper Jurisdiction?	
List any assets and their estimate	ed values (this excludes any asset jointly owned or p.o.d.)	
	only in the decedent's name):  Assessed Value:	
Vehicles (titled <u>only</u> in the dec	ed. name) estimated value:	-
Bank Accounts (only in the de	cd. name) estimated amount:	
Any other asset(s) estimated visiting	alue:	
		-
Is there a Will?		
	s of qualification from other heirs before you are eligible to qualify. riginal before the appointment. Please submit a copy with this form.	
Yes: conti		
Are you a Virginia r	resident? Yes: Continue. No: Clerk will discuss options with you.	
Spouse (do not list if divor Children from a prior mary grandchildren ONLY if Parents (if there are no chi Siblings (if there are no liv Nieces/Nephews (if there	riage (children from a current marriage are listed only if there is no liv a child is deceased) ldren or spouse) ving parents)	
Have you obtained the death cer	tificate? No: You must obtain a copy before the appointment	

Yes: Please bring a death certificate to your appointment. Please submit a copy with this form.