

Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. First copy – to person identified in Data Element No. 4.
2. Prepared by
 - a. Data Element Nos. 2 through 13 are completed by person identified in Data Element No. 4.
 - b. Data Element No. 1 is completed by court.
 - c. Data Element Nos. 14 through 21 are completed by person taking acknowledgment.
 - d. Data Element Nos. 22 through 25 are completed by clerk's office.
3. Attachments – none.
4. Preparation details – none.

Estate No. 1

AFFIDAVIT OF NOTICE REGARDING ESTATE OF 2

(who died on 3)

I, the undersigned, state under oath/affirm the following:

(Check the applicable block)

1. ☐ I am a personal representative of the estate of the deceased person named above.
- 4** ☐ I am a proponent of the will of the deceased person named above.
- ☐ I am a person with an interest in the estate of the deceased person named above.
2. **5** ☐ No notice was required to be given to any person pursuant to Va. Code § 64.2-508.

OR

- 6** ☐ I mailed or delivered within 30 days of qualification (or probate) a copy of the notice required by Va. Code § 64.2-508 to the following persons shown below:

	<u>NAME</u>	<u>ADDRESS WHERE MAILED OR DELIVERED</u>	<u>DATE MAILED OR DELIVERED</u>
a.	<u>7</u>	<u>8</u>	<u>9</u>
b.			
c.			
d.			
e.			

(Continue on other side if more space is needed)

(Check if applicable)

- 10** 3. ☐ After exercising reasonable diligence, I have been unable to determine the address of the following persons to whom such notice is required:

.....

.....

(Check if applicable)

- 11** 4. ☐ After exercising reasonable diligence, I have been unable to identify the names and addresses of the persons described below (such as a child of the deceased person) who may be an heir or beneficiary:

.....

12
DATE

13
SIGNATURE

Commonwealth/State of 14 ☐ City ☐ County of 15

Subscribed and sworn to/affirmed before me on this 16 day of _____, 20 _____

by 17
PRINT NAME(S)

.....

18
DATE

19
☐ CLERK ☐ DEPUTY CLERK ☐ NOTARY PUBLIC
Notary Registration No. 20 My commission expires: 21

NOTICE: This affidavit must be recorded in the Clerk's office where the personal representative qualified or the will was probated.

VIRGINIA: In the Clerk's Office of the 22 Circuit Court
this _____ day of 23 , _____

The foregoing Affidavit of Notice was this day admitted to record.

Teste: 24, Clerk

by: 25, Deputy Clerk

Data Elements

1. Estate number assigned by the court.
2. Name of decedent.
3. Date of decedent's death.
4. Check appropriate box for person submitting affidavit.
5. Check if no notice was required.
6. Check box if notice required.
7. Name of individuals who were notified pursuant to § 64.2-508.
8. Address of persons identified in Data Element No. 7 where notice was mailed or delivered.
9. Date when notice was mailed or delivered.
10. Check box and insert name of spouse, heir at law or beneficiary named in the decedent's will whose address could not be obtained.
11. Check box and describe the person who may be an heir or beneficiary whose name and address could not be obtained.
12. Date when affidavit completed.
13. Signature of person making affidavit.
14. State where affidavit was sworn to.
15. City or county where affidavit was sworn to. Check appropriate box.
16. Date affidavit subscribed and sworn to.
17. Print name of person making affidavit (signatory).
18. Date form acknowledged by clerk, deputy clerk or notary public.
19. Name of person acknowledging affidavit. Check appropriate title box.
20. Insert registration number if acknowledged by notary.
21. Insert date commission expires if acknowledged by notary.
22. Name of circuit court where recorded.
23. Date affidavit recorded.
24. Signature of Clerk of court or type name if recorded by a deputy clerk
25. Signature of a deputy clerk, if applicable.