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LIST OF HEIRS

COMMONWEALTH OF VIRGINIA VA. CODE § 64.2-509

Court File No. 445333

Fairfax County Circuit Court

Rockford Laydeesman
NAME OF DECEDENT

12/15/2022
DATE OF DEATH

I/We, the undersigned, hereby state under oath that the following are all of the heirs of the Decedent:

NAMES OF HEIRS	ADDRESSES	RELATIONSHIP	AGE
Rockford Laydeesman Jr.	123 Street, Alexandria, Virginia 22310	Son	60
Delilah Laydeesman	456 Street, Alexandria, Virginia 22308	Daughter	58
Flower Laydeesman	789 Street, Alexandria, Virginia 22306	Daughter	45
Granite Laydeesman	100 Street, Alexandria, Virginia 22308	Son	44
Hyacinth Laydeesman	1200 Street, Alexandria, Virginia 22309	Daughter	41

[ ] This LIST OF HEIRS is filed in addition to the LIST OF HEIRS previously filed with this Court on _____.
DATE

I/we am/are (please check one):

[ ] Proponent(s) of the will (no qualification)

[X] Personal representative(s) of the decedent's estate

[ ] Heir-at-law of intestate decedent (no qualification within 30 days following death)

Given under my/our hand this 01 day of January, 20 23
DATE

Joan One
PRINTED NAME OF SUBSCRIBER

_____
SIGNATURE OF SUBSCRIBER

Steven Lu
PRINTED NAME OF SUBSCRIBER

_____
SIGNATURE OF SUBSCRIBER

Joah Stock
PRINTED NAME OF SUBSCRIBER

_____
SIGNATURE OF SUBSCRIBER

State/Commonwealth of _____ [ ] City [ ] County of _____ to wit:

Subscribed and sworn to before me this _____ day of _____, 20 _____

by _____
NAME(S)

_____

_____
[ ] CLERK [ ] DEPUTY CLERK [ ] NOTARY PUBLIC

My commission expires _____

Registration No. _____

VIRGINIA: In the Clerk's Office of the _____ Circuit Court this _____ day of _____, 20 _____. the foregoing LIST OF HEIRS was filed and admitted to record.

Teste: _____
CLERK

by: _____ , Deputy Clerk

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PROBATE TAX RETURN (CONFIDENTIAL) Court File No. 445333

COMMONWEALTH OF VIRGINIA VA. CODE §§ 58.1-1713, -1714

This return must be filed with the Clerk of Circuit Court at the time a will is offered for probate or the grant of administration is sought in such court when the estate exceeds fifteen thousand dollars ($15,000) in value.

Circuit Court of Fairfax County

Decedent's name Rockford Laydeesman

Residence address at death (street, city, state)

Rockford Laydeesman

Date of birth December 15, 1932 Date and place of death December 15, 1922, 123 Street, Alexandria, Virginia 22310

VALUE OF DECEDENT'S PROBATE ESTATE

(a) Personal Property $ 990,099.00

(b) Real Property Located in Virginia $

TOTAL VALUE OF DECEDENT'S PROBATE ESTATE $ 990,099.00

I (we), the undersigned, declare under penalty of law that I (we) have examined this Return and to the best of my (our) belief it is a true, correct, and complete Return.

DATE _____ SIGNATURE OF PERSON OFFERING WILL FOR PROBATE OR SEEKING GRANT OF ADMINISTRATION

Mailing Address:

DATE _____ SIGNATURE OF ADDITIONAL PERSON SEEKING GRANT OF ADMINISTRATION

Mailing Address:

INSTRUCTIONS

GENERAL. The probate tax is not an inheritance tax or an estate tax. It is a tax imposed on the probate of every will or grant of administration on every estate that exceeds fifteen thousand dollars ($15,000). The state probate tax rate is 10¢ for every $100, or fraction thereof, of the value of the decedent's estate. No one is permitted to qualify as executor or administrator until this tax is paid. Cities and counties are permitted to impose a probate tax in an amount equal to one-third of the state tax.

WHAT'S INCLUDED. The tax is imposed on the decedent's probate estate. Thus, do not include (i) any property that the decedent owned with another with the right of survivorship, (ii) life insurance unless it is payable to the decedent's estate, (iii) real estate transferred by a transfer on death deed, or (iv) any other property passing by contract or beneficiary designation from the decedent to another person. In addition, you should not include any of the decedent's real estate located in another state.

VALUATION METHOD. Because of the difficulty in determining exact values at the time of probate or qualification, the Clerk will accept a reasonable estimate of the value of the decedent's personal property. You should try to be as accurate as possible when making your estimate in order to eliminate the need to return to the Clerk's Office and pay additional tax and/or increase your bond at a later time. If you do not know the actual value of the decedent's real property, you may use its assessed value for local real estate tax purposes.

VALUATION DATE. All property is to be valued as of the date of the decedent's death.

Non-Probate Assets for Rockford Laydeesman

	Value on Date of Death:
Checking account #345 at 4th National Bank titled Joint with right of survivorship with daughter Flower.	$ 7,652.00
Pruvincial Life Insurance Policy Viola's daughter DaisyLu Named as beneficiary.	$ 25,000.00
Total Non-Probate Assets	$**32,654**

Probate Assets for Rockford Laydeesman

	Value on Date of Death:
Accounts at First Federal Credit Union: Titled in name of decedent, solely	
Prime share savings #001	$ 74,385.00
Prime share checking #002	$ 13,500.00
Prime MMA #003	$125,689.00
FFCU CD #321	$140,000.00
FFCU CD #686	$ 85,000.00
Investment Account with spouse Viola named as beneficiary:	
Cash account component:	$382,000.00
Virginia Municipal Bond:	$150,000.00
U.S. Series EE Savings Bonds titled to Rockford's name only: 3 of them valued at $5,000.00 each	$ 15,000.00
Uncashed/Undeposited checks	
2015 federal tax refund	$ 3,743.00
2015 Virginia tax refund	$ 782.00
Total Assets	**$990,099**

Debts for Rockford Laydeesman

Chase One Visa account #402578643277 balance as of March 31 statement. Last charge posted 3/6 when Rockford bought groceries. Visa has a credit life insurance policy to cover the balance up to $5,000.00. Rockford paid the monthly premium to carry the policy.	($4,287.00) + $5,000=$0
Unsecured consumer loan from First Federal Credit Union: $10,000 loan with a current principal balance(.	($7,245.00)
Muppet Mastercard account #304472900022, balance as of March 31 statement. No credit life policy.	($2,340.00)
Dr. Colgate, DDS – dental work bill with a balance after insurance paid its portion.	($785.00)
Dr. Heath Health, M.D., - an unpaid bill, after insurance paid its share.	($375.00)
Wellness Laboratories bill for recent blood chemistry work - balance due after insurance payment was applied to full cost of $3,000.00.	($525.00)
Unpaid subscription bill for *Daily Planet* newspaper to pay for daily and Sunday newspaper delivery for January through June. Bill is for $60.00 at a rate of $10.00 per month. January through March newspapers were delivered to Rockford before subscription canceled. Only used $30.00.	($30.00)
Happy Homecare nursing and home helper invoice for daily care and assistance to Rockford for the period of March 1 through March 13, balance due.	($2,765.00)
Rockford's March rent was paid in advance. If apartment is not emptied by the end of the month, April rent must be paid in a sum of $2,400.00, no pro-rated payment allowed for partial month of April.	$0

Rockford's funeral costs.	($12,496.00)
The probate costs for opening the estate and obtaining the Certificates of Qualification. are	($100.00)
Probate tax of $1.00 per thousand-dollar value of assets is charged. You must calculate this based on gross value of probate estate assets.	($991.00)
Surety premium on Bond.	($1,265.00)
Commissioner of Accounts (fees for inventory and accounting)	($ 368.00)
Total Debts:	**($29,254)**

Intestate Estate of Rockford Laydeesman

Assets:	$990,099
Debts:	($29,254.00)
Total Assets:	**$960,845 / 5 = $198,019.80**
Children from First Wife:	
Rockford Laydeesman Jr.: **1/5**	**$198,019.80**
Delilah Laydeesman: **1/5**	**$198,019.80**
Children from Second Wife:	
Flower Laydeesman: **1/5** Flower (Non-probate)	**$198,019.80 +** **$ 7,652.00 = $205,671.80**
Granite Laydeesman: **1/5**	**$198,019.80**
Hyacinth Laydeesman: **1/5**	**$198,019.80**
DaisyLu (Non-probate)	**$ 25,000.00**

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INVENTORY FOR DECEDENT'S ESTATE

Court File No. 445333

COMMONWEALTH OF VIRGINIA
VA. CODE §§ 64.2-1300, 64.2-1308

Circuit Court of Fairfax County

Decedent's name Rockford Laydeesman

Fiduciary(ies) name(s) Rockford Laydeesman Jr. and Delilah Laydeesman

Date of fiduciary(s) qualification January 1, 2023 Date of decedent's death December 15, 2022

This is [X] the first inventory [ ] an inventory showing after discovered assets [ ] an amended inventory restating all assets.
The fiduciary filing this inventory is [ ] an administrator [X] an executor [ ] a curator.

Total value of assets listed in Parts 1 and 3 (estate for bond) $ 990,099.00

Total value of assets listed in Parts 1, 3, and 4 (estate for probate tax) $ 990,099.00

ATTACH ADDITIONAL SHEETS IF NEEDED

Part 1. The decedent's personal estate under your supervision and control, valued at the date of death.

DESCRIPTION OF PROPERTY	VALUE
First Federal Credit Union Prime Share Savings #001	74,385.00
First Federal Credit Union Prime Share Checking #002	13,500.00
First Federal Credit Union Prime MMA #003	125,689.00
First Federal Credit Union CD #321	140,000.00
First Federal Credit Union CD #686	85,000.00
U.S. Series EE Savings Bonds, Three @ $5,000	15,000.00
Uncashed 2015 Federal Tax Refund	3,743.00
Uncashed Virginia Tax Refund	782.00
Investment Account Cash Account Component	382,000.00
Investment Account Virginia Municipal Bond	150,000.00
TOTAL VALUE OF PART 1:	990,099.00

Part 2. The decedent's interest in multiple party accounts and multiple party certificates of deposit in banks and credit unions, valued at the date of death.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 2:	0.00

Part 3. The decedent's real estate in Virginia over which you have a power of sale, valued at the date of death.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 3:	0.00

Part 4. The decedent's other real estate in Virginia, valued at the date of death.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 4:	0.00

Part 5. The decedent's non-Virginia real estate, valued at the date of death.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 5:	0.00

CERTIFICATE OF ACCURACY, COMPLETENESS, AND MAILING

[Must be signed by each fiduciary.]

1. I (we) hereby certify and affirm under penalty of law, that to be best of my (our) knowledge and belief this is an accurate and complete inventory of this estate made in accordance with my (our) responsibilities under Virginia law.
2. I (we) hereby also certify and affirm that **(choose one)**:
   A. [X] On or before the date of filing this Inventory with the Commissioner of Accounts, I (we) sent a copy of it by first class mail to every person entitled to a copy, pursuant to Va. Code Section 64.2-1303, who made a written request therefore. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on page 4.

   or

   B. [ ] No person entitled to a copy of this Inventory pursuant to Virginia Code Section 64.2-1303 made a written request therefore.

Date .....

_____
SIGNATURE OF FIDUCIARY

Address Rockford Laydeesman

Telephone No. 703-123-4567

Date .....

_____
SIGNATURE OF FIDUCIARY

Address: .....

Telephone No. 703-234-5678

Date .....

_____
SIGNATURE OF FIDUCIARY

Address .....

Telephone No. .....

CERTIFICATE OF COMMISSIONER

The Commissioner of Accounts has not independently verified the value of the items on the inventory, or the fact that they are the only assets of the estate.

Inspected, found to be in proper form, and approved on .....

_____
COMMISSIONER OF ACCOUNTS

Received in the Clerk's Office and admitted to record on .....

_____
[ ] CLERK [ ] DEPUTY CLERK

Certificate of Mailing

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing INVENTORY FOR DECEDENT'S ESTATE to the following individuals on this the 1 day of March, 20 23 .

EXECUTOR/ADMINISTRATOR

EXECUTOR/ADMINISTRATOR

EXECUTOR/ADMINISTRATOR

Rockford Laydeesman Jr.		
Name of Recipient		
123 Street		
Address		
Alexandria	Virginia	22310
City	State	ZIP

Delilah Laydeesman		
Name of Recipient		
456 Street		
Address		
Alexandria	Virginia	22308
City	State	ZIP

Flower Laydeesman		
Name of Recipient		
789 Street		
Address		
Alexandria	Virginia	22306
City	State	ZIP

Granite Laydeesman		
Name of Recipient		
100 Street		
Address		
Alexandria	Virginia	22308
City	State	ZIP

Hyacinth Laydeesman		
Name of Recipient		
1200 Street		
Address		
Alexandria	Virginia	22309
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP