

REAL ESTATE AFFIDAVIT

COMMONWEALTH OF VIRGINIA VA. CODE § 64.2-510

Court File No.

..... Circuit Court

.....
NAME OF DECEDENT DATE OF DEATH.....
NAME AND ADDRESS OF SUBSCRIBER

[] I have an interest as in the real property of the decedent; AND/OR

[] I qualified in as
NAME OF COURTthe personal representative of the above-named decedent, who died intestate as to the real estate described herein, and
who, at the time of death, was seized of real property in this jurisdiction, briefly described as

The name and last known address of decedent's heirs are:

NAMES OF HEIRS	ADDRESSES	RELATIONSHIP	AGE
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.....			
.....			
.....			
.....			

.....
DATE SIGNATURE OF SUBSCRIBER

State/Commonwealth of [] City [] County of

Subscribed and sworn to before me

by

PRINT NAME OF SIGNATORY

this day of, 20

[] 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 AFFIDAVIT was filed and admitted to record.Teste:
CLERK

By:, Deputy Clerk