## Chesterfield Circuit Court Clerk's Office Probate Division P.O. Box 125 Chesterfield, VA 23832-0909

Phone: 804.706.7680 Fax: 804.717.6797

Ap	ppointment Date:	Appointment Time:	AM/PM
	PROBATE APP Please call to schedule a probate	POINTMENT CHECKLE appointment and bring the fol	
	Original Will and Codicil(s): All dates should match and signatures should match and codicil(s) after probability.		
	<b>Death Certificate of the Decedent:</b> If a named executor or an heir that has death certificate.	*If possible, this should be faxed first right to qualify is deceased, v	
	List of Assets: Determine the estimated dollar value of the PLEASE COMPLETE AN ESTATE A	——————————————————————————————————————	name.
	Original Deposition(s)/Waiver(s):	*If possible, this should be faxed	l prior to your appointment.
	<b>Depositions:</b> If the Will or Codicil is (handwritten), then depositions from with		
	<b>Waivers:</b> Waivers of qualification will neir that has the first right of qualification administrator.		
	All forms must be <b>NOTARIZED</b> unless forms available, as needed. Forms		

All non-resident fiduciaries must appoint an in-state resident to serve as resident agent to accept service of process or other notices on behalf of the estate. Prior to being appointed as resident agent, this individual must consent to the appointment in writing. A form is available in the Clerk's Office or online

(http://www.courts.state.va.us/forms/circuit/fiduciary.html) for this purpose.

**☐** Appointment of Resident Agent:

Name	Relationship
Name	
Name	Relationship
Name	Relationship
Address	Relationship  Visa/MasterCard for the Probate Fees: ed at the probate appointment. Payment is due at the time of the
Address	Visa/MasterCard for the Probate Fees: