**REAL ESTATE AFFIDAVIT** Court File No. ....................................................................

COMMONWEALTH OF VIRGINIA VA. CODE § 64.2-510

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NAME OF DECEDENT DATE OF DEATH

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NAME AND ADDRESS OF SUBSCRIBER

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

NAME OF COURT

the 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

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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

FORM CC-1612 MASTER 10/12