

REAL ESTATE AFFIDAVIT (Virginia Code §64.2-510)

Decedent's Name: _____

Date of Death: ___/___a/___a

Property Identification Number (PIN #): ___a-__a-___a-__a

Property Address: _____

The decedent named above died INTESTATE (without a will) owning real estate and no personal representative has been appointed.

Name(s) and address of the decedent's heirs at law:

Name	City/State	Relationship	Age

please use additional page if more heirs

Enter the full name and address of where the future tax bills should be mailed to:

PRINTED NAME OF SUBSCRIBER

SIGNATURE OF SUBSCRIBER

Subscribed and sworn to before me by _____ this ___ day
of _____, 20__a.

Notary Public Signature

Commission Expires

Notary Registration Number

**Mail to:
Loudoun County Circuit Court
P.O. Box 550
Leesburg, VA 20178
Attn: Probate Department**

Include a check payable to Clerk of Circuit Court for \$69.00.