

Winchester Circuit Court  
ASSETS OF THE ESTATE OF \_\_\_\_\_

If possible, we request that you email this document to our offices prior to your appointment in order to make your visit more efficient at this difficult time. Please send the email to Erin Ramos at [eramos@vacourts.gov](mailto:eramos@vacourts.gov) or to Melissa Steele at [mesteele@vacourts.gov](mailto:mesteele@vacourts.gov) and include this worksheet (please be sure to scan both the front and back of the document). All information will be kept confidential and private.

Name of Deceased: \_\_\_\_\_  
First Middle Last

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
City/State

Date of Birth: \_\_\_\_\_

Social Security Number of Deceased: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed

1. Is there a Will? YES \_\_\_ NO \_\_\_
2. Did the deceased own any real property in this state? YES \_\_\_ NO \_\_\_  
PROPERTY ADDRESS - \_\_\_\_\_
3. Did the deceased own any real property located outside this state? YES \_\_\_ NO \_\_\_  
LOCATION OF THE PROPERTY - \_\_\_\_\_
4. Did the deceased own any of the following? Circle YES or No for each item listed below; if YES please provide approximate value.

Stocks	YES	NO	\$ _____
Bonds	YES	NO	\$ _____
Investment Accounts	YES	NO	\$ _____
Savings Bonds	YES	NO	\$ _____
Mutual Funds	YES	NO	\$ _____
Money Market Accounts	YES	NO	\$ _____
Certificates of Deposit	YES	NO	\$ _____
Savings Accounts	YES	NO	\$ _____
Checking Accounts	YES	NO	\$ _____
Notes Receivable	YES	NO	\$ _____
Accounts Receivable	YES	NO	\$ _____
Pension Income	YES	NO	\$ _____
Annuity	YES	NO	\$ _____
Trust Income	YES	NO	\$ _____
Other Securities, etc.	YES	NO	\$ _____
Miscellaneous Cash	YES	NO	\$ _____

5. Did the deceased have any insurance on his/her life? YES \_\_\_ NO \_\_\_

BENEFICIARY NAMES - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4A. Is the life insurance payable to the decedent's estate? YES \_\_\_ NO \_\_\_

DEATH BENEFIT PAYMENTS - \$ \_\_\_\_\_

6. Was the deceased engaged in business as either a sole proprietor, partner, limited partner, or corporate partner? YES \_\_\_ NO \_\_\_

DESCRIBE BUSINESS INTEREST - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VALUE OF INTEREST - \$ \_\_\_\_\_

7. Did the deceased have an interest in any other estate or trust which had not been distributed to him/her prior to death? YES \_\_\_ NO \_\_\_

DESCRIBE THE ESTATE/TRUST INTEREST - \_\_\_\_\_  
\_\_\_\_\_

VALUE OF INTEREST - \$ \_\_\_\_\_

8. Did the deceased own any automobiles, boats, trailers or similar vehicles? YES \_\_\_ NO \_\_\_

MAKE _____	MODEL _____	YEAR _____	VALUE \$ _____
CO-OWNER? YES ___ NO ___	NAME - _____		
MAKE _____	MODEL _____	YEAR _____	VALUE \$ _____
CO-OWNER? YES ___ NO ___	NAME - _____		
MAKE _____	MODEL _____	YEAR _____	VALUE \$ _____
CO-OWNER? YES ___ NO ___	NAME - _____		

9. Please provide the value of the personal effects and household furnishings owned by the deceased, including items specifically given away in the will of the deceased.

PERSONAL PROPERTY VALUE - \$ \_\_\_\_\_

APPRAISED ANTIQUES VALUE - \$ \_\_\_\_\_

APPRAISED, ANTIQUE JEWELRY - \$ \_\_\_\_\_

10. Who are the potential Heirs at Law:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_