



Circuit Court of Henry County
Katherine Salgado, Clerk
3160 Kings Mountain Road, Suite B
Martinsville, VA 24112
276-634-4880



Dear Family,

The Henry County Circuit Court Clerk's Office extends our deepest condolences on the loss of your loved one. We understand that this is a difficult time, and the responsibilities that come with handling a loved one's estate can feel overwhelming. Please know that our probate department is here to support you.

Our probate staff can help you navigate the process of recording a **Last Will & Testament**, providing guidance and answering any non-legal questions you have to the best of our ability.

To assist you in getting started, we kindly ask that you complete the attached Application for Probate (front and back). The information provided will guide us on how to assist you.

The following must be submitted with the application before we schedule your appointment:

- The applicant's ID
- The decedent's *original* will (if there is one)
- Death certificate/Proof of death
 - Submissions can be emailed to **Katherine Salgado, Clerk** and **Stormie Foley, Deputy Clerk** at henryprobate@vacourts.gov or delivered to 3160 Kings Mtn Road, Suite B by U.S. Mail or in-person drop-off.

The Probate Department will make the initial contact to schedule your appointment. *It is your responsibility to reply to any missed calls/emails.*

- Fees and taxes are due the day of your appointment.
 - Will recording fees start at \$36.00
 - Probate taxes are assessed at \$1.33 per \$1,000 in assets

Sincerely,

Katherine Salgado, Clerk

Henry County Circuit Court
(276) 634-4880, Option 4

Clerk's Office Use Only

Application received on: _____

Contact made on: _____

Appointment set for: _____

Additional Notes: _____



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APPLICANT INFORMATION

Full Name: _____

Relationship to the decedent: _____

Daytime Phone: _____ Email Address: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, what was the charge? _____

DECEDENT INFORMATION

Full Name: _____ Marital Status: _____

Was this person a resident of Henry County, VA (*Circle One*)? Yes / No

Address at Time of Death: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

If there *is* a will - Number of Pages: _____ Date of Will: _____

PERSONAL ASSET INFORMATION – *Please include values*

Please DO NOT include anything with beneficiaries, joint ownership, or payable/transferrable on death status.

Bank Accounts (Checking/Savings): _____

Vehicles (Cars/Boats/Trailers/Mobile Homes): _____

Investments (CDs/401Ks/IRAs/Stocks/Bonds/Annuities): _____

Insurance Policies: _____

Other (Checks/Safe Deposit Boxes/Etc.): _____

REAL ESTATE INFORMATION

Please list the addresses of all real estate (land/houses) located in the Commonwealth of Virginia in which the decedent has any ownership.



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HEIRS AT LAW (Next-of-Kin)

Please list the name, address, relationship to the decedent, and age for each heir at law below according to Code of Virginia [§ 64.2-200](#). This is the bloodline, *not* the beneficiaries from the will (if there is one).

Name	Address	Relationship to Decedent	Age

REQUIRED:
By signing below, I acknowledge that the information provided is true and accurate to the best of my belief.

Signature: _____ Date: _____

[Type here]