



## 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](mailto: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

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*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/transferable 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).

***REQUIRED:***

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Type here]