

PROBATE

INFORMATION

Name:	Cell Phone:
Street Address:	Alternate Phone:
City, State, Zip:	
Email:	

Decedent's Information

Name of Decedent <i>(person who has died)</i> :
Your Relationship to the Decedent:
Is there a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If there is a Will, who is the Executor/Personal Representative?
What State did the Decedent reside?
If there are assets outside of Decedent's State, what State?
What is the approximate value of the Estate?
Did the Decedent Own Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Notes: