

Probate Information Sheet

Deceased

Name:	Date of Death:
Address:	
County of Death:	
State of Death:	
Social Security Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Did the Deceased have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the Deceased have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Will/Trust was signed:

Matter

Petitioner Name:	Relation to Decedent:
Petitioner Address:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Probate Number: _____	
Date of First Publication: _____	
Type of Property in Decedent's Estate: <input type="checkbox"/> Real only <input type="checkbox"/> Personal only <input type="checkbox"/> Both	

Heirs			
Name	Relationship	Age	Address

Additional Information

