



Date: _____

PROBATE INFORMATION SHEET

DECEDENT'S INFORMATION:

Full Name: _____ SSN: _____

DOB: _____ DOD: _____

Address: _____

Did decedent have a will? ____ Yes ____ No

Spouse's Name: _____

***If spouse is deceased please list the date of death*:** DOD: _____

EXECUTOR/ADMINISTRATOR INFORMATION:

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

CHILDREN: Please list all children (first, last and middle initial) including any deceased children

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
DOB: _____ DOD: _____	DOB: _____ DOD: _____
SSN: _____	SSN: _____
Email: _____	Email: _____

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
DOB: _____ DOD: _____	DOB: _____ DOD: _____
SSN: _____	SSN: _____
Email: _____	Email: _____

GRANDCHILDREN: Please list all grandchildren (first, last and middle initial) including any deceased children

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
DOB: _____ DOD: _____	DOB: _____ DOD: _____
SSN: _____	SSN: _____
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
DOB: _____ DOD: _____	DOB: _____ DOD: _____
SSN: _____	SSN: _____