

**Probate Information Sheet**

Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address of Decedent: \_\_\_\_\_

Personal Representative or Trustee: \_\_\_\_\_

Relationship of PR to the Decedent: \_\_\_\_\_

Address of PR Trustee: \_\_\_\_\_

Telephone Number and Email : \_\_\_\_\_

Personal Representative/Trustee's SSN: \_\_\_\_\_

Please provide the names, addresses and relationship to the decedent of all **heirs AND beneficiaries:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Please list **ALL** of the decedent's assets including real property and legal description and the estimated value of each asset (Please provide only assets that are solely in the name of the decedent):

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Please list **ALL** of the decedent's financial/banking institutions, type of account and account numbers:

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Please list **ALL** of decedent's creditors' claims and amounts owed:

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**PLEASE PROVIDE A COPY OF THE DEATH  
CERTIFICATE AND THE ORIGINAL WILL**

S:\Office\Probate\Forms\Probate Information Sheet.docx

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