

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 initial the following:

_____ I am 18 years old or older.

_____ I have not been convicted of a felony in Oregon or another state.

If Yes, please give a brief description:

_____ I am not incapacitated or financially incapable (I am able to make health care decisions and manage my business affairs).

_____ I am not currently suspended or disbarred from the practice of law; I did not resign from the Oregon State Bar while misconduct charges were pending.

_____ I am not a licensed funeral service practitioner unless Decedent was a relative of mine or Decedent was a licensed funeral service practitioner in a business relationship with me.

_____ I have not filed for Bankruptcy.

If Yes, please give a brief description of the date(s) and/or reason(s) of event (i.e. filed for Bankruptcy in 1999 due to...):

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

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

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

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

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

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