

Simple Estate Affidavit Information Sheet

Deceased: _____

Date of Death: _____

Your name, address and telephone number:

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 and addresses of all **heirs AND beneficiaries**:

Please list **ALL** of the decedent's assets including real property and legal description that **you are currently aware of**:

Please list **ALL** of the decedent's account numbers:

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

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

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