

PROBATE INTAKE FORM

Estate of:
County of Residence:
County of Death:
Date of Death:

Is there a will? Yes No

Who has the will? _____

PERSONAL REPRESENTATIVE	
Name:	
Address:	Home Phone: Work Phone: Cell Phone Fax #:

DECEDENT	
Name:	Social Security No.:
Address:	Date of Birth: Age: No. of yrs. as an Oregon Resident:

SURVIVING SPOUSE	
Name:	Social Security No.:
Address:	Home Phone: Work Phone: Cell Phone: Fax #:

ACCOUNTANT		
Name:		
Address:		
Work Phone:	Message Phone:	Fax #:

ASSETS

Real Property

Address	Occupied by	Value

Bank or Brokerage Accounts

Item/Account Number	Location	Value

Safe Deposit Box

Location	Contents, if known

Who is authorized to enter?

Personal Property

Item	Location	Value

LIFE INSURANCE, DEATH BENEFITS, AND RETIREMENT BENEFITS

Company	Insured	Beneficiary	Contingent Beneficiary	Amount

HEIRS & DEVISEES

Name: _____ Heir
 Date of Birth: _____ Devisee/Article: _____
 Address: _____
 Phone: _____ Fax: _____
 Social Security No.: _____
 Relationship to Decedent: _____

Name: _____ Heir
 Date of Birth: _____ Devisee/Article: _____
 Address: _____
 Phone: _____ Fax: _____
 Social Security No.: _____
 Relationship to Decedent: _____

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ADMINISTRATIVE ITEMS

Special Funeral Arrangements: _____

Special Bequests:

Special Family Problems:

Special Provisions of Will: