ALBRIGHT KITTELL PC
- ATTORNEYS AT LAW -

Advising Tillamook County for over 35 years

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PROBATE INFORMATION FORM

Date: _____

PETITIONER/CLIENT

Name: _____

Address: _____

Home phone: _____ Other phone: _____ Employment: _____

Date of Birth: _____ SSN: _____ Driver's License: _____

Relationship to deceased: _____

Email address: _____

DECEASED

Name: _____ SSN: _____

Residence address: _____

Residence at death: _____

Date of birth: _____ Marital status: _____

Date of death: _____ Age at death: _____

Place of death: _____

Spouse: _____ Date of spouse's death: _____

Decedent's occupation: _____

Decedent's employer & address (if any): _____

_____

Are employee death benefits provided by employer?: Y / N

If yes, what are they? _____

HEIR/DEVISEE INFORMATION

HEIR 1: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

1. _____
2. _____
3. _____

Phone: _____

HEIR 2: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

1. _____
2. _____
3. _____

Phone: _____

HEIR 3: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

1. _____
2. _____
3. _____

Phone: _____

HEIR 4: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

1. _____
2. _____
3. _____

Phone: _____

Do any of the people listed above have any disabilities? Y / N

If so, please explain:_____

_____

WILL INFORMATION

Did deceased have a will? Y / N Date of Will: _____

- **Please provide the original will and a certified copy of the death certificate.**

ADVISORS:

Accountant: _____

Agent (Power of Attorney): _____

Trustee: _____

Other: _____

ASSETS

Home: Address _____

Owned by: _____ Value: _____

Mortgage balance: _____ Furniture Value: _____

Other Real Property:

1. Address (location) _____

   Owned by: _____ Value: _____

   Value: _____ Mortgage Value: _____

2. Address (location) _____

   Owned by: _____ Value: _____

   Value: _____ Mortgage Value: _____

Stocks, Bonds, Mutual Funds or other financial investments:

Name/Location	Account No.	Owner(s)	Value

Bank Accounts:

	Bank/Branch	Account No.	Owner(s)	Amount
Money Market				
CD's				
Checking				
Savings				
Other				

Retirement Benefits (Including IRA's):

Name of Investment	Owner	Beneficiary	Present Value
			$
			$
			$
			$
			$

Safe Deposit Box:

Number: _____ Name of Institution: _____

Branch: _____ Box No. _____

Others listed on box:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Business Interests (how held and controlled):

Partnership: _____

Corporation: _____

Sole Proprietorship: _____

LLC: _____

Other: _____

Collections (coins, stamps, etc.): Value:

_____

_____

_____

Life Insurance:

Company	Owner	Beneficiary	Alternate	Death Benefit

Automobiles and machinery: Value:

_____

_____

_____

Items of Personal Property: (list anything worth $300 or more) Value:

_____

_____

_____

Other Assets Not Listed Above:

Description	Owner	Value

DEBTS

Expenses of last illness: _____

Funeral expenses: _____

Prior State Assistance: _____

Taxes (specify type): _____

Credit cards: _____

Mortgage: _____

Notes: _____

Contracts: _____

Other: _____

_____

Additional Notes: