

INFORMATION FOR OPENING AN ESTATE

Deceased's Name: _____

Date of Birth: _____ Date of Death: _____

Spouse, if Living: _____

Next of Kin, if there is no spouse: _____

Does the deceased have a will? Yes (___) No (___)

Does the deceased have a personal injury or wrongful death claim? Yes (___) No (___)

Please describe: _____

If yes, name of attorney pursuing Claim: _____

PROPERTY & ASSETS

Property Owned by Deceased

Other Assets

Other Pertinent Information:

CONTINUED ON NEXT PAGE

PERSONAL REPRESENTATIVE & HEIRS

Personal Representative: _____

Please list ALL heirs:

Name: _____
Address: _____

() Deceased () Living

Relationship: _____
DOB: _____
Phone No.: _____

Name: _____
Address: _____

() Deceased () Living

Relationship: _____
DOB: _____
Phone No.: _____

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Address: _____

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