|  |  |
| --- | --- |
| Estate of:  | Attorney:  |
| Probate No. and County:  | Matter No.:  |
| County Court Address:  County Court Phone No.:  | Probate Clerk’s Name: Probate Court Phone:  |
| Date of Death:  | Date PR Appointed:  |
| Fed Tax ID (EIN):  | Notes:   |
| **PERSONAL REPRESENTATIVE**Name: Address: Home Phone: Work Phone: Fax #: Cellphone: Email: Relationship to Decedent  |
| **DECEDENT** |
| Name: Address:  No. of yrs. as an Oregon Resident: Social Security Number:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ Estimated Value of Estate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Death: Date of Birth: Marital Status: Did decedent leave a Will? Yes No Date of Will: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notarized affidavit of witnesses: Yes NoBond Waived? Yes No |
| **ACCOUNTANT** |
| Name: Address:   Phone: Fax #: Email:  |
| **SURVIVING SPOUSE/REGISTERED DOMESTIC PARTNER** |
| Name: | Social Security No.: |
| Address:    | Home Phone: Work Phone: Cellphone: Fax #: Email Birth date: Citizenship:  |
| **HEIRS & DEVISEES** |
| Name: 🞎Heir 🞎Devisee/Article: 🞎 18 or over 🞎 Under Age 18 🞎 Deceased/Date of Death Date of Birth: Address: Phone: Fax: Cellphone: Email: Social Security No.: Relationship to Decedent:  |
| Name: 🞎Heir 🞎Devisee/Article: 🞎 18 or over 🞎 Under Age 18 🞎 Deceased/Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: Address: Phone: Fax: Email: Social Security No.: Relationship to Decedent:  |
| Name: 🞎Heir 🞎Devisee/Article: 🞎 18 or over 🞎 Under Age 18 🞎 Deceased/Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: Address: Phone: Fax: Email: Social Security No.: Relationship to Decedent:  |
| Name: 🞎Heir 🞎Devisee/Article: 🞎 18 or over 🞎 Under Age 18 🞎 Deceased/Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: Address: Phone: Fax: Email: Social Security No.: Relationship to Decedent:  |

**IMPORTANT NOTICES**

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