

## PROBATE QUICK REFERENCE FORM

Estate of:	Attorney:
Probate No. and County:	Matter No.:
County Court Address: _____ _____	Probate Clerk's Name: _____
County Court Phone No.: _____	Probate Court Phone: _____
Date of Death:	Date PR Appointed:
Fed Tax ID No.:	Notes:
<b>PERSONAL REPRESENTATIVE</b>	
Name: _____	
Address: _____	
Home Phone: _____ Work Phone: _____ Fax #: _____	
E-mail: _____	
<b>DECEDENT</b>	
Name: _____	Social Security No.: _____
Address: _____	Date of Death: _____
_____	Date of Birth: _____
_____	No. of yrs. as an Oregon Resident: _____
_____	Age: _____

ACCOUNTANT

Name:

Address:

Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

SURVIVING SPOUSE/REGISTERED DOMESTIC PARTNER

Name:

Social Security No.:

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail \_\_\_\_\_

HEIRS & DEVISEES

Name: _____	<input type="checkbox"/> Heir
	<input type="checkbox"/> Devisee/Article: _____
Date of Birth: _____	
Address: _____	
Phone: _____	Fax: _____
E-mail: _____	
Social Security No.: _____	Relationship to Decedent: _____

  

Name: _____	<input type="checkbox"/> Heir
	<input type="checkbox"/> Devisee/Article: _____
Date of Birth: _____	
Address: _____	
Phone: _____	Fax: _____
E-mail: _____	
Social Security No.: _____	Relationship to Decedent: _____

  

Name: _____	<input type="checkbox"/> Heir
	<input type="checkbox"/> Devisee/Article: _____
Date of Birth: _____	
Address: _____	
Phone: _____	Fax: _____
E-mail: _____	
Social Security No.: _____	Relationship to Decedent: _____

  

Name: _____	<input type="checkbox"/> Heir
	<input type="checkbox"/> Devisee/Article: _____
Date of Birth: _____	
Address: _____	
Phone: _____	Fax: _____
E-mail: _____	
Social Security No.: _____	Relationship to Decedent: _____

**IMPORTANT NOTICES**

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