

ESTATE INFORMATION SHEET

Attorney

Name of Deceased _____

Date of Death _____ Resident _____

Date of Will _____ Pages _____ Codicil Date _____ Pages _____

Executor/rix /Administrator/rix _____

Address _____

Social Security No. _____ Phone Number _____

Co-Executor/rix/Administrator/rix _____

Address _____

Social Security No. _____ Phone Number _____

<u>NEXT OF KIN</u>	<u>RESIDENT</u>	<u>RELATIONSHIP</u>	<u>AGE OF MINORS</u>
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Any Children of a prior Marriage **YES** **NO** **(Circle one)**

Any Stepchildren **YES** **NO** **(Circle one)**

Name of Witness proving Will _____

Commission sent to _____

Is there a Trust created _____ Out of State Property _____

List Assets in the Decedent's Name alone _____

Do you need an Administrator/rix Ad Prosequendum appointed? _____

How many certificates will you need? _____

Miscellaneous Information