|  |  |
| --- | --- |
| 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 No  Bond 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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