|  |  |
| --- | --- |
| 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 #: E-mail:  |
| **DECEDENT** |
| Name: Address:   No. of yrs. as an Oregon Resident: Social Securty Number:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­  | Date of Death: Date of Birth: Marital Status (circle one):Single Married Domestic Partner Separated Divorced WidowedDid decedent leave a Will? Yes No Date of Will: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notarized affidavit of witnesses: Yes No |
|  |  |
| **ACCOUNTANT**  |
| Name: Address:   Phone: Fax #: E-mail:  |
| **SURVIVING SPOUSE/REGISTERED DOMESTIC PARTNER** |
| Name: | Social Security No.: |
| Address:    | Home Phone: Work Phone: Fax #: E-mail Birth date: Citizenship:  |
| **HEIRS & DEVISEES** |
| Name: 🞎Heir 🞎Devisee/Article: Date of Birth: Address: Phone: Fax: E-mail: Social Security No.: Relationship to Decedent:  |
| Name: 🞎Heir 🞎Devisee/Article: Date of Birth: Address: Phone: Fax: E-mail: Social Security No.: Relationship to Decedent:  |
| Name: 🞎Heir 🞎Devisee/Article: Date of Birth: Address: Phone: Fax: E-mail: Social Security No.: Relationship to Decedent:  |
| Name: 🞎Heir 🞎Devisee/Article: Date of Birth: Address: Phone: Fax: E-mail: Social Security No.: Relationship to Decedent:  |

**IMPORTANT NOTICES**

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