|  |  |  |  |
| --- | --- | --- | --- |
| 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 Widowed  Did 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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