

WORKSHEET-PROBATE

Information Regarding the Decedent

Decedent's Name:			AKA:		
Address:			Domicile County (Venue):		
			Domicile State:		
Date of Birth:	Age:	SSN:	Occupation:		
Date of Death:	Place of Death:		Cause of Death:		
Spouse Name and Address:					

Information Regarding the Personal Representative

	Personal Representative	Co-Personal Representative
Name:		
Phone #:		
Address:		
County:		
Relation to Decedent:		

HEIRS

Name, Address & Phone Number	Date of Birth & Age	Relationship	Tax ID #

