



DECEDENT'S INFORMATION SHEET

Please provide as much information as you can. Leave blank any questions that do not apply or that you are unable to answer.

YOUR INFORMATION

Legal Name (as it appears on your driver's license): _____

Do you use any other names? If so, please list them: _____

Mailing address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Do you primarily prefer communication by Email or US Post ?

Social Security Number (required if intestate estate): _____

Have you ever:

- Been convicted of a felony? Yes No If yes, please describe: _____
- Been suspended for misconduct or disbarred from the practice of law, during the period of suspension or disbarment? Yes No If yes, please describe: _____
- Resigned from the Oregon State Bar when charges of professional misconduct are under investigation or when disciplinary proceedings are pending against the person, until the person is reinstated? Yes No If yes, please describe: _____

Are you a licensed funeral service practitioner? Yes No

If so, are you a relative of the decedent? Yes No

DECEDENT'S INFORMATION

Legal Name: _____

Did the decedent use any other names? If so, please list them: _____

Birth Date: _____ Social Security Number: _____

Residence Address: _____

Mailing Address (if different): _____

Date of Death: _____ Place of Death: _____



Did the decedent live in a community property state (e.g. AZ, CA, ID, LA, NV, MN, TX, WA, WI, AK) while married? Yes No If yes, please list state(s): _____

Was the decedent a licensed funeral service practitioner who was a partner, employee or employer of the person who is petitioning for appointment as personal representative? Yes No

If the decedent had a will:

- Do you have the original in your possession? Yes No
- If you do not have the original, do you know where it is stored? _____
- If you cannot locate the original, do you have a copy? Yes No

If the decedent had a trust:

- Do you have the original in your possession? Yes No
- If you do not have the original, do you know where it is stored? _____
- If you cannot locate the original, do you have a copy? Yes No

Please provide the names, relationships and post office addresses of all living parents, spouse, siblings and children of the decedent. If the decedent had no such living relatives, please list all living grandparents, aunts and uncles. All half siblings, any adopted siblings or children, and any estranged family members must be included:

<u>Name</u>	<u>Relationship (and age if minor)</u>	<u>Post Office Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the name(s), relationship(s) and post office address(es) of any person asserting an interest in the estate, or on whose behalf an interest will be asserted based on a contention that there exists a will that is not identified above, or any person that claims that the decedent agreed, promised or represented that the decedent would make or revoke a will or devise:

<u>Name</u>	<u>Relationship</u>	<u>Post Office Address</u>
_____	_____	_____
_____	_____	_____



Please list the name(s), relationship(s) and post office address(es) of any person asserting an interest in the estate, or on whose behalf an interest will be asserted, based on a contention that a parent of the decedent willfully deserted the decedent or neglected to provide proper care and maintenance for the decedent:

<u>Name</u>	<u>Relationship</u>	<u>Post Office Address</u>
_____	_____	_____
_____	_____	_____

DECEDENT’S ASSETS

Please show who owned the decedent’s assets on the date of death. If the decedent owned the assets jointly (i.e. bank accounts with more than the decedent’s name as an account owner), put “joint” and indicate the co-owner. If you know that the assets were community property, put “community.” If the accounts have transfer or payable on death (TOD/POD) beneficiaries, put “TOD” or “POD” as appropriate and indicate the beneficiary. If the assets are titled in the name of a trust or trustee, please put “Trust.” If you do not know how assets are titled, please indicate that information. Please provide us with all available detail as to each asset, eg. account numbers, real estate addresses and attach any related documentation.

Residence (Name of owner(s), value, location): _____

Other Real Property (Same information as above): _____

Accounts:

	<u>Bank and Branch</u>	<u>Owner(s)</u>	<u>Amount</u>
Checking:	_____	_____	_____
Checking:	_____	_____	_____
Savings:	_____	_____	_____
Savings:	_____	_____	_____
Money Market:	_____	_____	_____
C.D.:	_____	_____	_____
Brokerage:	_____	_____	_____
Brokerage:	_____	_____	_____



Safe deposit box (Name of owner(s), bank name and branch location): _____

Retirement Benefits From Employer, Keogh, or IRAs (Name of company; description; value): _____

Stock and Bonds (Name of owner(s); corporation; value): _____

Business Interests (How interest is held and percentage of control): _____

Vehicles:

<u>Make/Model</u>	<u>Mileage</u>	<u>VIN</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Collections (coin, stamp, art etc.): _____

Life Insurance:

<u>Company</u>	<u>Owner</u>	<u>Policy No.</u>	<u>Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Other Assets:

<u>Description</u>	<u>Owner</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sources of Income for Decedent:

<u>Source</u>	<u>Amount</u>	<u>Taxes Withheld (Y/N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any federal or state means tested benefits the decedent received (e.g. Medicaid, OHP, food stamps, etc) : _____

DECEDENT'S DEBTS

Mortgages / Car loan / Other Secured Loans:

<u>Company</u>	<u>Address</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Loans/Credit Cards:

<u>Company</u>	<u>Address</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



DECEDENT'S TAXES

Year of Last Return Filed _____ Amount of Outstanding Taxes Due _____

IMPORTANT CONTACTS

Insurance Brokers _____

Investment Advisors _____

Accountant _____

Other _____

Dated Completed: _____

Signature

