Master Information Sheet for Estates

Decedent Information:

Name: _____

Address on date of death: _____

County of Residence: _____

Will Dated: _____ Codicil dated: _____

Date of Birth: _____ Social Security No.: _____

Date of Death: _____ Time of Death: _____

Personal Representative Information:

Name: _____ Telephone No.: _____

Address: _____

Date of Birth: _____ Social Security No.: _____

All Heirs, relationship, age, and address:

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*Please include the Deceased's Death Certificate and original Last Will and Testament.