

CONFIDENTIAL INFORMATION FOR PROBATE AND TRUST ADMINISTRATION

Information about the person who died:

Name: _____
Residence Address: _____
County: _____ Occupation: _____
Date of Birth: _____ Social Security No.: _____
Date of Death: _____ Place of Death: _____
No. of Years as an Oregon resident: _____ Age at death: _____

Information about the person's spouse: Check here if the person is not married:

Name: _____
Address: _____
Home phone: _____ Cell: _____
Email: _____ Social Security No.: _____

If the person lived with a domestic partner, friend, or relative, information about him or her:

Name: _____
Address: _____
Telephone: _____ Email: _____

Information about the person's children or other closest living relatives (For example, parents, brothers and sisters, aunts and uncles, or nieces and nephews. If more space is needed, use a separate sheet for information):

Name: _____
Address: _____
Relationship: _____ Age: 18 or older Under 18 years

Name: _____
Address: _____
Relationship: _____ Age: 18 or older Under 18 years

Name: _____
Address: _____
Relationship: _____ Age: 18 or older Under 18 years

Name: _____
Address: _____
Relationship: _____ Age: 18 or older Under 18 years

Did the person have a will? Yes No Not sure

Did the person have a trust? Yes No Not sure

If the person had a will or a trust (or both a will and a trust), please bring the original documents or photocopies of the documents to the meeting. Include any codicils to the will and any amendments to the trust, and the death certificate.

Also, fill in whatever information you have about any beneficiaries named in the will or the trust who are not listed on page 1 (If more space is needed, use a separate sheet for information).

Name: _____
 Address: _____
 Relationship: _____ Age: 18 or older Under 18 years

Name: _____
 Address: _____
 Relationship: _____ Age: 18 or older Under 18 years

Name: _____
 Address: _____
 Relationship: _____ Age: 18 or older Under 18 years

Information about the proposed personal representative (also called the executor) of the estate:

Name: _____
 Address: _____
 Email: _____
 Relationship: _____ Home telephone: _____
 Work telephone: _____ Cell phone: _____

Information about Accountant (if applicable):

Name: _____
 Address: _____
 Email: _____
 Work telephone: _____ Cell phone: _____

ASSETS IN THE PERSON'S ESTATE OR TRUST

Please fill in whatever information you have about the items that are in the person's estate or trust, including your estimate of the value of the items. (If more space is needed, use a separate sheet for information)

Real Property Address	Type of Property	Other Owner(s)	Value

Vehicle Year, Make, and Model	Location	Other Owner(s)	Value
Bank and Brokerage Accounts	Location	Other Owner (s)	Value
Stocks and Bonds	Location	Other Owner(s)	Value
Business Interests	Type of Business	Other Owner(s)	Value
Oil, Gas, and Mineral Rights	Location	Other Owner(s)	Value
Jewelry, Furniture, Household Goods, Etc.	Location	Other Owner(s)	Value

Anyone Owing Money to the Person- Name:	Reason Money Owed	Amount Owed

Retirement Plans and IRAs	Beneficiary(ies)	Value
Annuities and Life Insurance Policies	Beneficiary(ies)	Value
Other Assets (Describe)	Location	Value
Money Owed by the Deceased	Reason Money Owed	Amount Owed

Did the person or the person's spouse receive Medicaid assistance? Yes No Not sure

If yes, the state(s) that paid the Medicaid assistance: _____