

## Probate Information Sheet

Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address of Decedent: \_\_\_\_\_

Personal Representative: \_\_\_\_\_

Relationship of PR to the Decedent: \_\_\_\_\_

Address of PR: \_\_\_\_\_

Telephone Number and Email : \_\_\_\_\_

Personal Representative's SSN: \_\_\_\_\_

Please initial the following:

\_\_\_\_\_ I am 18 years old or older.

\_\_\_\_\_ I have not been convicted of a felony in Oregon or another state.

If Yes, please give a brief description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I am not incapacitated or financially incapable (I am able to make health care decisions and manage my business affairs).

\_\_\_\_\_ I am not currently suspended or disbarred from the practice of law; I did not resign from the Oregon State Bar while misconduct charges were pending.

\_\_\_\_\_ I am not a licensed funeral service practitioner unless Decedent was a relative of mine or Decedent was a licensed funeral service practitioner in a business relationship with me.

\_\_\_\_\_ I have not filed for Bankruptcy.

If Yes, please give a brief description of the date(s) and/or reason(s) of event (i.e. filed for Bankruptcy in 1999 due to...):

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Please provide the names, addresses and relationship to the decedent of all **heirs AND beneficiaries**:

Name	Address	Relationship
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Please list **ALL** of the decedent's assets including real property and legal description and the estimated value of each asset that **you are currently aware of** (Please provide only assets that are solely in the name of the decedent):

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Please list **ALL** of the decedent's financial/banking institutions, type of account and account numbers:

Institution Name	Account Type	last four digits of Account No.
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Please list **ALL** of decedent's creditors' claims and amounts owed:

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**PLEASE PROVIDE AN ORIGINAL CERTIFIED  
*short-form* DEATH CERTIFICATE AND THE  
ORIGINAL WILL**

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