

Probate Information Sheet

Full Legal Name of Deceased: _____

Date of Death: _____ Place of Death: _____

Social Security Number: _____

Address of Decedent: _____

Date of Birth: _____ Place of Birth: _____

Was the Decedent married? Yes No .

Full Name of Decedent's spouse: _____

Address: _____

Telephone: _____

Did the Decedent have a Will/Trust? Yes No

Personal Representative: _____

Relationship to the Decedent: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Email: _____

Personal Representative's SSN: _____

Personal Representative Requirements:

Please check Y/N on the following:

Yes No I am 18 years old or older.

Yes No I have been convicted of a felony in Oregon or another state.

If Yes, please give a brief description:

Yes No I have 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...):

Initial any of the following that are true:

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.

Please note that the Court will require a Surety Bond in equal value to the Decedent's estate. Are there any other reasons the Personal Representative may not qualify for a Surety Bond? Yes No

If Yes, please explain: _____

Please provide the names, addresses and relationship to the decedent of all **HEIRS** (Order of succession - spouse, ALL children, if living. If none, parents, siblings, aunt, uncles, nieces or nephews)

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

If the Decedent has a Will, please provide the names and addresses of all **Beneficiaries** (including charities or organizations, if applicable).

Name: _____

Address: _____

SSN/TAX ID NUMBER: _____

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Please list **ALL** of the decedent's assets (Please provide only assets that are solely in the name of the decedent):

REAL PROPERTY (provide current deed with legal description):

Address	RMV (real market value)

VEHICLE(S)

Make	Model	Year	Value

BANK ACCOUNTS/INVESTMENTS/FINANCIAL ACCOUNTS

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

Institution Name	Account Type	Account No.	Value

PERSONAL PROPERTY:

(only include items of significance or value)

Item	Condition	Est. value	Recipient

Did the Decedent receive Medicaid benefits? Yes _____ No _____

Please list **ALL** of decedent's creditors' claims and amounts owed:

Creditor Name	Type	Account No.	Amount

PLEASE PROVIDE:

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

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