

### **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 \_\_\_\_\_

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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:

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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...):

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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: \_\_\_\_\_

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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: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN/TAX ID NUMBER: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN/TAX ID NUMBER: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN/TAX ID NUMBER: \_\_\_\_\_

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)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**VEHICLE(S)**

Make	Model	Year	Value
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**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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