

PROBATE QUICK REFERENCE FORM

ACCOUNTANT

Name: _____

Address: _____

Phone: _____ Fax #: _____

Email: _____

SURVIVING SPOUSE/REGISTERED DOMESTIC PARTNER

Name: _____

Address: _____

Social Security No.: _____

Home Phone: _____

Work Phone: _____

Cellphone: _____

Fax #: _____

Email _____

Birth date: _____

Citizenship: _____

HEIRS & DEVISEES

Name: _____ Heir Devisee/Article: _____

18 or over Under Age 18

Deceased/Date of Death _____

Date of Birth: _____

Address: _____

Phone: _____ Fax: _____

Cellphone: _____

Email: _____

Social Security No.: _____ Relationship to Decedent: _____

PROBATE QUICK REFERENCE FORM

Name: _____ Heir Devisee/Article: _____
 18 or over Under Age 18
 Deceased/Date of Death _____
Date of Birth: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
Social Security No.: _____ Relationship to Decedent: _____

Name: _____ Heir Devisee/Article: _____
 18 or over Under Age 18
 Deceased/Date of Death _____
Date of Birth: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
Social Security No.: _____ Relationship to Decedent: _____

Name: _____ Heir Devisee/Article: _____
 18 or over Under Age 18
 Deceased/Date of Death _____
Date of Birth: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
Social Security No.: _____ Relationship to Decedent: _____

IMPORTANT NOTICES

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