

THOMPSON, THOMPSON & GLANVILLE, PLC - PROBATE

BASIC INITIAL INFORMATION FOR ESTATES

CLIENT NAME: _____

Decedent

Full name of decedent _____

Social Security Number _____

Date of Death _____

Time of Death _____

Street address at time of death _____

City, state and zip at time of death _____

County of residence _____

Age at death _____

Date of Birth _____

Personal Representative

FULL NAME of Personal Representative _____

Street address _____

City, state and zip _____

Home Phone number _____ Fax number _____

Work Phone number _____ Cell Phone number _____

Email Address _____

Personal Representative's Social Security number _____

Personal Representative's Date of Birth _____

Relationship of Personal Representative to Decedent (i.e. "Heir", family relationship or other description) _____

Will (if applicable)

Did the Decedent leave a will? _____

Date of Decedent's Will _____

Date of Codicil _____

Subscribing witnesses of the Will (give full names as they appear on the will.) _____

Devisees (named in the will) and Interested Persons (relatives)

Name: _____

Street Address: _____

City/state/zip: _____

Relationship to Decedent: _____

Under Age 18? No Yes (Age of minor _____)

Name: _____
Street Address: _____
City/state/zip: _____
Relationship to Decedent: _____
Under Age 18? No Yes (Age of minor _____)

Name: _____
Street Address: _____
City/state/zip: _____
Relationship to Decedent: _____
Under Age 18? No Yes (Age of minor _____)

Name: _____
Street Address: _____
City/state/zip: _____
Relationship to Decedent: _____
Under Age 18? No Yes (Age of minor _____)

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Street Address: _____
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