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## INFORMATION NEEDED FOR PROBATE

## **DECEDENT'S INFORMATION**

Decedent's Name:			
	Date of Birth:		
Place of Death (City, Cou	nty, State):		
Decedent's Social Securit	y No.:		
	ed, when and from whom):		
Real Property located in:_			
Approximate Value of De	cedent's Estate: \$		
	ental Agency or Charitable:		
	ed after Will:		
APPLICANT'S INFORMA	ATION		
Applicant's Name:			
Residence Address (City,	County, State):		
Home Phone:	Mobile Phone:	E-mail:	
Applicant's Social Securi	ty No.		

## **Information Regarding Will and Beneficiaries**

You will need to provide us with the original will, or a copy of the original will if the original cannot be located. We will also need the name and address for each beneficiary named in the will.