

**DECEDENT INFORMATION**

Date of Death: \_\_\_\_\_

Name of Decedent:

aka \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Street Address of Residence: \_\_\_\_\_

City, County, State, Zip : \_\_\_\_\_

Wills and Codicils (Dates): \_\_\_\_\_

Trusts and Amendments (Dates): \_\_\_\_\_

**REPRESENTATIVE:**

**TITLE:**

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Phone: (R) \_\_\_\_\_ (B) \_\_\_\_\_ SSN: \_\_\_\_\_ DLN: \_\_\_\_\_

(Cell) \_\_\_\_\_ Email: \_\_\_\_\_

**Names and Addresses of Persons Named in Will  
and Trust, Heirs, Devisees and Named Trustees & Executors**

**SS#**

Surviving Spouse \_\_\_\_\_

Children: \_\_\_\_\_

Others: \_\_\_\_\_