

PROBATE RECORD FORM

State: _____ County: _____ File #: _____

Decedent: _____ Date of Birth: _____

Date of Death : _____ Age: _____ Social Security #: _____

Place of Death: _____

File Type: No Will (Intestate) Safe Deposit Box Caveat Guardianship
Will Date Will Signed _____ PLEASE OBTAIN COPY OF THE WILL

Personal Representative: (Petitioner) _____

Address: _____ Phone: () _____

City: _____ State: _____ ZIP: _____

Attorney: _____

Address: _____ Phone: () _____

City: _____ State: _____ ZIP: _____

Date Case Filed: _____ Amount of Bond: \$ _____

Value of Real Estate \$ _____ Personal Property \$ _____ Total \$ _____

HEIRS AT LAW

NAME

ADDRESS

RELATIONSHIP

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>

Submitted By: _____ Date: _____

Phone: () _____ Email: _____



FAX THIS FORM TO: 1-800-410-5665 OR EMAIL TO: NEWCASE@FINDANHEIR.COM