

INTAKE FORM - DECEDENT'S ESTATE

Date: _____

<i>Decedent:</i>	Age:	Probate No.
Residence Address:	Date of Death:	SSN:
Mailing Address:	Date of Birth:	County where domiciled:
Place of Death:	Date of Will:	

<i>Client (PR or Administrator):</i>	SSN:
Address:	Phone (home): Phone (work):
Relationship to Decedent:	Email:

<i>Petitioner (if different):</i>	
Address:	Phone (home): Phone (work):
Interest of Petitioner:	Email:

Nature of Assets and estimate of total value

Required Information	
<input type="checkbox"/> Y <input type="checkbox"/> N	Has the fiduciary been convicted of a felony? If so explain on a separate page.
<input type="checkbox"/> Y <input type="checkbox"/> N	Is the proposed fiduciary a minor; incompetent; a funeral director; or a lawyer who has been disbarred or suspended, or resigned under investigation of charges of professional misconduct?
<input type="checkbox"/> Y <input type="checkbox"/> N	Does any person allege that a) a will exists that is not alleged in the petition, b) the decedent's will is ineffective, or c) the decedent agreed, promised or represented to make, not make, revoke, or not revoke a will or devise?

Decedent's Heirs:

Name	Relationship	Address	Phone

Decedent's Devisees:

Name	Relationship	Address	Phone

Case Information:

[Empty rectangular box for signature or stamp]



Focused on what is important to you.

555 NW 5th Street, Corvallis, OR 97330
P: 541-738-1800 | F: 541-738-1801
www.ReynoldsLaw.us