



LAW OFFICES OF KARA H. DALEY



1717 NW Grant Ave, Corvallis, Oregon 97330, Phone (541) 738-2445, Fax (541) 738-7717

PROBATE INFORMATION SHEET

Please accept our sincere condolences on your loss. Below please find a list of information that we need to know so that we may provide you with meaningful assistance. Please be as complete as possible, however, if you are unsure of the information, please discuss that with the attorney. Thank you!

ABOUT YOU:

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Relationship to Decedent: _____

ABOUT DECEDENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County Decedent Resided: _____

Birth Date: _____ Social Security No. _____

DECEDENT'S SPOUSE

Information about the decedent's spouse: Check here if the person is not married: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

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Q:\INTAKES - DO NOT MOVE OR COPY FROM THIS FOLDER\intakes\2010 PROBATE INFORMATION SHEET.wpd

PERSONAL REPRESENTATIVE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Birth Date: _____ Social Security No. _____

GENERAL

Is There A Will: _____ (if yes please provide us with the original Will)

Is there real property worth more than \$200,000.00? Yes No

Is there money or other assets worth more than \$75,000.00? Yes No

Did the decedent receive benefits from the U.S. Department of Veterans Affairs? Yes No

Did the decedent receive Medicaid assistance (Oregon Health Plan), food stamps, or other public assistance from the Oregon Department of Human Services? Yes No

REAL PROPERTY:

Address: _____ Value \$ _____

City: _____ State: _____

Address: _____ Value \$ _____

City: _____ State: _____

ASSETS:

Bank Accounts:

Bank or Institution Name:

Balance: \$ _____

Bank or Institution Name:

Balance: \$ _____

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Brokerage Accounts:

Broker Name:

_____ Balance: \$ _____

Broker Name:

_____ Balance: \$ _____

Vehicles:

Make: _____ Model: _____

Year: _____ Value: \$ _____

Make: _____ Model: _____

Year: _____ Value: \$ _____

OTHER ASSETS:

Description:

Value: \$ _____

Description:

Value: \$ _____

Approximate Value of Estate:

\$ _____

Are there any special/emergency circumstances we need to know about?

Yes No

If yes, Explain: _____

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DECEDENTS CHILDREN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

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DEVISEES IN WILL(people receiving gifts under the will)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

KNOWN CREDITORS(please attach a list)

Name: _____ Amount Owed: \$ _____

Name: _____ Amount Owed: \$ _____

Name: _____ Amount Owed: \$ _____