



**Kara H. Daley**  
Attorney at Law

THE CHERRY TREE  
LAW FIRM

(541) 738-2445  
cherrytree.law

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1717 NW Grant Avenue, Corvallis, Oregon 97330

## 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): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

### ABOUT DECEDENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County Decedent Resided: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_



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### **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): \_\_\_\_\_

### **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

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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 \$ \_\_\_\_\_

Address: \_\_\_\_\_

Value \$ \_\_\_\_\_

Address: \_\_\_\_\_

Value \$ \_\_\_\_\_

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**ASSETS:**

**Bank Accounts:**

Bank or Institution Name:

\_\_\_\_\_

Balance: \$ \_\_\_\_\_

Bank or Institution Name:

\_\_\_\_\_

Balance: \$ \_\_\_\_\_

**Brokerage Accounts:**

Broker Name:

\_\_\_\_\_ Balance: \$ \_\_\_\_\_

Broker Name:

\_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Vehicles:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_



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**OTHER ASSETS:**

Description:

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Value: \$ \_\_\_\_\_

Description:

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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): \_\_\_\_\_



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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: \$ \_\_\_\_\_