

PROBATE CLIENT INFORMATION SHEET

DECEDENT INFORMATION

Name:

Address (at time of death):

Street:

City, state, and zip:

County:

Social Security Number:

Residence (City, Village, Township):

Age:

Date of Birth:

Date of Death:

Time of Death:

Will Date:

Codicil(s) Date(s):

PETITIONER INFORMATION

Name:

Address:

Street:

City, state, and zip:

Phone number:

Relationship to Decedent (e.g., heir, Personal Representative, sister, son, etc.):

PERSONAL REPRESENTATIVE (may be same as Petitioner)

Name:

Address:

Street:

City, state, and zip:

Phone number:

Social Security Number:

Drivers License or other ID number:

Date of Appt:

INTERESTED PERSONS

Heirs and devisees

NAME	RELATIONSHIP	ADDRESS	AGE AND SOCIAL SECURITY
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Heirs with Legal Disabilities (of the above-listed disabilities)

NAME	LEGAL DISABILITY	REPRESENTED BY Name, address, and capacity
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ATTORNEY INFORMATION

Attorney name:

Firm name (if any):

Bar no.:

Address:

Street:

City, state, and zip:

Phone number:

COURT AND FILE INFORMATION

County:

Court File No:

Court Address:

Court Phone:

Judge:

Judge Bar No:

heirs, the following have legal