

**THE ELDER
LAW FIRM Davis Pagnano McNeil & Vigna, LLP**

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INFORMATION FOR PROBATE AND TRUST ADMINISTRATION

Information about the person who died:

Name: _____
Residence Address: _____
County: _____ Occupation: _____
Date of Birth: _____ Social Security No.: _____
Date of Death: _____ Place of Death: _____

Information about the person's spouse:

Check here if the person is not married:

Name: _____
Address: _____
Telephone: _____

If the person lived with a domestic partner, friend, or relative, information about him or her:

Name: _____
Address: _____
Telephone: _____

Information about the person's closest living relatives (For example, children, parents, brothers and sisters, aunts and uncles, or nieces and nephews. If more space is needed, use a separate sheet for information):

Name: _____
Address: _____
Relationship: _____ Age: 18 or older Under 18 years

Name: _____
Address: _____
Relationship: _____ Age: 18 or older Under 18 years

Name: _____
Address: _____
Relationship: _____ Age: 18 or older Under 18 years

Did the person have a will? Yes No Not sure

Did the person have a trust? Yes No Not sure

If the person had a will or a trust (or both a will and a trust), please bring the original documents or photocopies of the documents to the meeting. Include any codicils to the will and any amendments to the trust.

Also, fill in whatever information you have about any beneficiaries named in the will or the trust who are not listed on page 1 (If more space is needed, use a separate sheet for information).

Name: _____
 Address: _____
 Relationship: _____ Age: 18 or older Under 18 years

Name: _____
 Address: _____
 Relationship: _____ Age: 18 or older Under 18 years

Name: _____
 Address: _____
 Relationship: _____ Age: 18 or older Under 18 years

Information about the proposed personal representative (also called the executor) of the estate:

Name: _____
 Address: _____
 Relationship: _____ Telephone: _____
 Work: _____ Mobile: _____

ASSETS IN THE PERSON'S ESTATE OR TRUST

Please fill in whatever information you have about the items that are in the person's estate or trust, including your estimate of the value of the items. (If more space is needed, use a separate sheet for information)

Real Property Address	Type of Property	Other Owner(s)	Value

Vehicle Year, Make, and Model	Location	Other Owner(s)	Value

Bank and Brokerage Accounts	Location	Other Owner(s)	Balance

Stocks and Bonds	Location	Other Owner(s)	Value

Business Interests	Type of Business	Other Owner(s)	Value

Oil, Gas, and Mineral Rights	Location	Other Owner(s)	Value

Jewelry, Furniture, Household Goods, Guns, Etc.	Location	Other Owner(s)	Value

Anyone Owning Money to the Person	Reason Money Owed	Amount Owed

Retirement Plans and IRAs	Beneficiary(ies)	Value

Annuities and Life Insurance Policies	Beneficiary(ies)	Value

Other Assets (Describe)	Location	Value

Money Owed by the Person	Reason Money Owed	Amount Owed

Did the person or the person's spouse receive Medicaid assistance? Yes No Not sure

If yes, the state(s) that paid the Medicaid assistance: _____

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