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**PROBATE**

PROBATE

Name of Deceased: \_\_\_\_\_

Address of Deceased at time of passing: \_\_\_\_\_

\_\_\_\_\_ Need the Original Will, Codicils

\_\_\_\_\_ Need a Certified copy of Death Certificate

Name, address and phone number of Personal Representative: \_\_\_\_\_

Names and addresses of all heirs listed in Will: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major Assets of Estate: Value:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Debts of Estate:

Creditors:

Name

Address

Amount Owed:

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