

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

1890 US Bancorp Tower, 111 SW Fifth Avenue, Portland, Oregon 97204-3604 tel 503.452.5050 fax 503.452.5054

**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 children or other closest living relatives (For example, 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: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Work telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**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, 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: \_\_\_\_\_