

# WORKSHEET ESTATE ADMINISTRATION

## TRUSTEE OR PERSONAL REPRESENTATIVE

Name \_\_\_\_\_  Male  Female

Child of  Decedent Other \_\_\_\_\_

Grandchild of  Decedent Other \_\_\_\_\_

Sibling of  Decedent Other \_\_\_\_\_

Parent of  Decedent Other \_\_\_\_\_

Other Relationship \_\_\_\_\_

Street \_\_\_\_\_

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

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## DECEDENT

Name \_\_\_\_\_  Male  Female

Also Known As: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Last Domicile: \_\_\_\_\_

Other places where decedent's assets are located:

Other Counties in Oregon \_\_\_\_\_ Counties in Other States: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the Decedent or the Decedent's Spouse ever receive public assistance?

yes  no

**LAST WILL**

No Will       Will      Date of the Will: \_\_\_\_\_

**Personal Representatives named in Will**

**Name** \_\_\_\_\_  Male  Female  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_  Male  Female  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_  Male  Female  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_  Male  Female  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is PR's bond waived?       yes       no

Is Witness Affidavit Needed?       yes       no      **If "no", then fill out the witness information**

**Witness Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Witness Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REVOCABLE LIVING TRUST**

Name of Trust: \_\_\_\_\_

Date of Trust: \_\_\_\_\_

Settlor/Grantor: \_\_\_\_\_

Settlor/Grantor: \_\_\_\_\_

**Trustee Name** \_\_\_\_\_  Male  Female

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Trustee Name** \_\_\_\_\_  Male  Female

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Trustee Name** \_\_\_\_\_  Male  Female

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is Trustee's bond waived?  yes  no

**DECEDENT'S SPOUSE**

**Spouse:** \_\_\_\_\_

Is Deceased      Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Street \_\_\_\_\_

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

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Notes** \_\_\_\_\_

\_\_\_\_\_

**DECEDENT'S FAMILY**

**Name** \_\_\_\_\_  Male  Female

Child of  Decedent Other \_\_\_\_\_

Grandchild of  Decedent Other \_\_\_\_\_

Sibling of  Decedent Other \_\_\_\_\_

Parent of  Decedent Other \_\_\_\_\_

Other Relationship \_\_\_\_\_

This person  Is a Minor  Is Deceased  Cannot manage money

Street \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Notes** \_\_\_\_\_

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**Name** \_\_\_\_\_  Male  Female

Child of  Decedent Other \_\_\_\_\_

Grandchild of  Decedent Other \_\_\_\_\_

Sibling of  Decedent Other \_\_\_\_\_

Parent of  Decedent Other \_\_\_\_\_

Other Relationship \_\_\_\_\_

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Grandchild of  Decedent Other \_\_\_\_\_  
Sibling of  Decedent Other \_\_\_\_\_  
Parent of  Decedent Other \_\_\_\_\_  
Other Relationship \_\_\_\_\_

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Notes \_\_\_\_\_

\_\_\_\_\_

**Other persons who will receive under the**       Trust    Will

**Name** \_\_\_\_\_  Male    Female  
Relationship \_\_\_\_\_  
This person    Is a Minor    Cannot manage money  
Street \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_      Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_      Social Security Number \_\_\_\_\_  
**Notes** \_\_\_\_\_

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Relationship \_\_\_\_\_  
This person    Is a Minor    Cannot manage money  
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Date of Birth \_\_\_\_\_      Social Security Number \_\_\_\_\_  
**Note** \_\_\_\_\_

**Name** \_\_\_\_\_  Male    Female  
Relationship \_\_\_\_\_  
This person    Is a Minor    Cannot manage money  
Street \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
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Date of Birth \_\_\_\_\_      Social Security Number \_\_\_\_\_  
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**Name** \_\_\_\_\_  Male  Female  
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