# ABSTRACT OF ESTATE FILE NUMBER:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY**

**DECEDENT**:

Date of Death:

County of Domicile at Time of Death:

Decedent Died: Intestate

Testate Date of Last Will and Testament:

Date of Codicil(s) If Any:

Date Will Admitted to Probate:

Any information that indicates Decedent left a Last Will and Testament/Codicil which has not been admitted to probate? ( ) Yes ( ) No If Yes, indicate reason not admitted and source of information:

Personal Representative(s):

Date of Qualification of Personal Representative(s):

Persons/entities entitled to share in Decedent’s estate *pursuant to above-captioned Estate File*:

|  |  |  |
| --- | --- | --- |
| **NAME/MARITAL STATUS** | **AGE** | **RELATIONSHIP** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Other persons that may be entitled to share in Decedent’s estate based on information available in the public records

or elsewhere (indicate source of information):

Affidavit of Publication of Notice to Creditors in Estate File? ( ) Yes ( ) No

If Yes: Dates published:

Name of newspaper:

County in which newspaper published:

Tax Release(s)/Certification(s) in Estate File? ( ) Yes ( ) No

If Yes: Date and description of release(s)/certification(s):

Final Account Filed? ( ) Yes ( ) No

If Yes: Date of Filing:

Attorney for Estate:

Notes/Remarks: