

CUSTOMER INFORMATION SHEET

ESTATE OF:			
DOMICILE:			
Street & Number		City - State	
ZIP			
DATE OF DEATH		SOCIAL SECURITY #	
DATE OF WILL		# OF PAGES	
EXEC. OR ADMN:		Home #	Cell #
ADDRESS:			
EMAIL			
EXEC. OR ADMN:		Home #	Cell #
ADDRESS:			
EMAIL			
REAL ESTATE ADDRESS:			
REAL ESTATE MAP NUMBER			
SMALL ESTATE AFFADAVIT FILED			
Yes		No	
ATTY:		PH#	
ADDRESS:			
NEXT OF KIN: (Name) (Address) (Relationship)			