

**REPORTING CASES**

Name of Decedent: \_\_\_\_\_

Date and Place of Death: \_\_\_\_\_

Situs (Legal Jurisdiction)- county & state: \_\_\_\_\_

Local File Number: \_\_\_\_\_

Estate Value:

- 1) Personal Property, \$ \_\_\_\_\_
- 2) Real Property, \$ \_\_\_\_\_
- 3) Annual Income, \$ \_\_\_\_\_

Name of Petitioner, Administrator, or Executor:

\_\_\_\_\_

Address:

\_\_\_\_\_

Attorney for the Estate:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Intestate? Yes\_\_\_\_, No\_\_\_\_

Testate? Yes\_\_\_\_, No\_\_\_\_ If yes:

1) Will dated:\_\_\_\_\_

2) Fax a copy of will or outline applicable provisions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_