

PARKER, POLLARD, WILTON & PEADEN, P.C.
ESTATE ADMINISTRATION DATA FORM

Name of Decedent: _____

Date of Death: _____

Did Decedent Have a Will? _____ Yes _____ No

Who has possession of the will? _____

Did the Decedent own real estate? _____ Yes _____ No

Real Estate in Name of Decedent Located in what City/County? _____

Estimate of Value of Real Estate? _____

Your Name: _____

Relationship to Decedent: _____

Your Address: _____

Phone Numbers:

Home: _____

Office: _____

Cell: _____

Email Address: _____

Social Security No.: _____

Additional Person (s) seeking appointment:

Name: _____

Relationship to Decedent: _____

Your Address: _____

Phone Numbers:

Home: _____

Office: _____

Cell: _____

Email Address: _____

Social Security No.: _____

Name: _____

Relationship to Decedent: _____

Your Address: _____

Phone Numbers:

Home: _____

Office: _____

Cell: _____

Email Address: _____

Social Security No.: _____

