LESLIE A. ERWIN, P.C.

ATTORNEY AT LAW (678) 782-5808

| DECEDENT INFORMATION: | | |
|--|-----------------------------------|--|
| Name: | Date of Death: | |
| Address: | | |
| | County: | |
| Did Decedent have a will?YES | NO | |
| Was the Decedent married at the time of death? | YES NO | |
| If Decedent's spouse predeceased the Decedent, what is the spouse's date of death? | | |
| Did Decedent own real property? YES | NO | |
| Items needed for the probate process: Orig | inal Will Certified Copy of Death | |
| Certificate List of heirs and addresses | (See heirs worksheet) | |

List of heirs and their current address information
If decedent was married at the time of death (spouse and children)

If decedent was NOT married at the time of death (siblings, mother and father, and grand-parents)

Decedent's Heirs:

| Decedent's Spouse | |
|---------------------------|---|
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| | If any of the decedent's children are deceased, please list their children below (would be the decedent's grand-children) |
| Decedent's Grand Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Grand Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Grand Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Grand Child | |
| Address | |
| City State Zip | |
| If deceased date of death | |

| | If there are not any names in the above table, then complete the sections below: |
|----------------------------|--|
| Decedent's Maternal Mother | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Maternal Father | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Paternal Mother | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Paternal Father | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Siblings | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Siblings | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Siblings | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Siblings | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Siblings | |
| Address | |
| City State Zip | |
| If deceased date of death | |
| Decedent's Siblings | |
| Address | |
| City State Zip | |
| If deceased date of death | |