

**Estate Information**

Decedent Name	Date of Death ____/____/____	Social Security Number  _ _ _ _ _ _ _ _ _ _ _ _	Surviving Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
Estate Case Number	Date Estate Filed ____/____/____	County of Estate Filing	Balance of Assets

**Attach a copy of the decedent's death certificate for the Department's records.**

**Representative**

Attorney Name	Phone Number (____)_____	Email Address		
Mailing Address	City	State	ZIP Code	
Executor, Personal Representative, or Conservator Name	Signature	Date (MM/DD/YYYY) ____/____/____		
Mailing Address	City	State	ZIP Code	

**Comments**