EXECUTOR/ADMINISTRATOR GENERAL INFORMATION SHEET

This form will not be placed in the Clerk's Records. It will be kept in a confidential Court file.
You must notify the Court – in writing- of any change in your contact information

Date: _____ Cause No. _____

Decedent's name: _____

Executor/Adminstrator's Information

Name: _____ _____ _____
(Last) (Middle) (First)
Your relationship to the Deceased: _____

Your address: _____ _____ _____ _____
(Street address) (City) (State) (Zip)

Phone numbers: _____ _____ _____
(Cell) (Home) (Work)

Email: _____

Employer: _____ Occupation: _____

Business Address: _____ _____ _____ _____
(Street address) (City) (State) (Zip)

Drivers Lic. or State ID#: _____ State _____ SSN#_____-____-_____

Date of Birth: _____ Place of birth: _____

Contact information for two relatives who will always know how to contact you:

(1) Name: _____ Phone # : _____

Address: _____ _____ _____ _____
(Street address) (City) (State) (Zip)

(2) Name: _____ Phone # : _____

Address: _____ _____ _____ _____
(Street address) (City) (State) (Zip)

I state that the information stated on this form is true and correct to the best of my knowledge.

_____
Executor or Administrator