CUSTOMER INFORMATION SHEET

DATE PAID	AID DATE I FILED			TTERS GRANTED/				
ESTATE OF:								
DOMICILE:		Street & Number			City - State		ZIP	
DATE OF DEA	АТН	SOCIAL SEC			LURITY #			
DATE OF WIL		# OF PAGE						
EXEC. OR AD		Home		Cell #				
ADDRESS:		#						
EMAIL								
EXEC. OR AD	MN:	Home			Cell #			
ADDRESS:		#						
EMAIL								
APPROX. VAL	UE OF PERSON	AL PROPERTY:						
					\$			
APPROX. VALUE OF REAL ESTATE: SOLELY OWNED				\$				
SHORT CERTIF	ICATES:	:			PETITION			
PUBLICATION: DS News \$35.00				(\$5.00 EACH /2 or more \$10.00 INVENTORY FEE (\$15.00)				
ATTY:		PH#			LETTERS (solely owned assets only)			
				(See Fee Schedule)				
ADDRESS:					SHORT CERTIFICATES (\$5.00 each)			
				ORDER O	F PUB. /REG			
NEXT OF KIN: (Name) (Address) (Relationship)				ORDER (\$7.00) RENUNCIATIONS				
				(\$3.00 each) COPY/RECORD WILL				
				(\$2.00 Per Page)				
				WITNESS				
				(\$5.00) DEATH CERTIFICATE (\$1.00)				
				RULE 190)			
				(\$5 Per Rep.) MISC. LETTERS (\$2.00 per page)				
						P == P = 0 = 7		
				REVOKE LETTERS (\$10)				
				WILL SEARCH OR TRUST INQUIRY				
				(1.00) NO DE ESTATE TAX AFFIDAVIT (\$10)				
				RECORDI	NG AND INDE	XING		
				(\$20.00) DUE AT OPENING				
				ADVERTI	SING (\$35.00)			
				ORDER A (\$2)	ND DECREE (WILLS ONLY)		
				Total				