

ABSTRACT FOR APPLICATION FOR PROBATE ACTION

I, _____, being the Clerk of the Court having probate jurisdiction for _____ County, do hereby certify that the following person was of legal voting age and a resident of this State at the time of his/her death. An application for probate of will or administration of the decedent's estate was filed in this court.

NAME OF DECEDENT: _____

ADDRESS: _____

DATE OF BIRTH: _____ SEX: _____

SOCIAL SECURITY NUMBER (if available): _____

DATE OF APPLICATION: _____

PROBATE CAUSE NUMBER: _____

SUPPLEMENTAL IDENTIFICATION: _____

DATE: _____

_____ County Clerk

By: _____

Deputy