PROBATE ABSTRACT WORKSHEET

Name of Deceased			Date Abstracted
Source of Information			Repository
Country	State	County	File Number
Executor or Administrator			Residence
Date Filed			Date Closed
Heirs, Relationship to Deceased, & Residency			
Inventory			
Witnesses			Residence
VVIIIICSSES			INGOINGING
Signature(s) or Mark(s)			
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