

ABSTRACT FOR APPLICATION FOR PROBATE ACTION

I, the undersigned, 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, an application for determination of heirship, or an application of no administration due to small estate was filed in the court.

Name of decedent \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Date of application \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_

Supplemental identification:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of County Clerk

(Seal)

\_\_\_\_\_  
Date