	CAUSE NO			
IN THE ESTATE OF		§ AT L	IE COUNTY COURT AW NO. 1 OF Γ COUNTY, TEXAS	
EXECUT	OR / ADMINISTRATOR (GENERAL INFORM	ATION SHEET	
	EXECUTOR / ADMINI	STRATOR INFORM	ATION	
Full Name:			Relationship to Deceased:	
Physical		Deceased		
Address:				
Mailing Address:				
Birth Year:	Place of Birth (City and State	te):		
Drivers License #: (Last 3 Digits Only)	Issuing State:	SSN#: (Last 3 Digits Only) XXX-XX-X		
Phone Numbers:	Cell	Home	Work	
Email:	1			
Employer:			Occupation:	
Business Address:				
_	CONTACT	INFORMATION		
	O INDIVIDUALS WHO WILL AI	LWAYS KNOW HOW TO		
#1 Contact Name:			Home Phone:	
Email:			Cell	
Physical			Phone:	
Address:				
Mailing Address:				
Address:				
#2 Contact Name:			Home Phone:	
			Cell	
Email:			Phone:	
Physical Address:				
Mailing				
Address:				
I STATE THAT THE KNOWLEDGE.	INFORMATION ON THIS FO	RM IS TRUE AND COI	RRECT TO THE BEST OF MY	
DATE		EXECUTOR /	ADMINISTRATOR	