CONFIDENTIAL NOT PUBLIC RECORD PERSONAL REPRESENTATIVE INFORMATION SHEET

for all Applicants, Executors, Administrators, Distributees and Personal Representatives

| Cause No.: | Estate/Guardianship of: | | | | |
|----------------------|-------------------------|--------------------------|---------------------------|----------------|--|
| Your Full Name: _ | | | | | |
| Homo Addrossi | First | Middle | Last | | |
| Home Address: _ | Street, | City, | State, | ZIP | |
| Home No.: | C | ell No.: | Work No.: | | |
| Employer Name & | Address: | | | | |
| | | | City, State, | ZIP | |
| SSN: | | Driver's Lice | Driver's License No.: ST: | | |
| (Full num | ber required) | | (Full num | iber required) | |
| CURRENT SPOUS | E INFORMATION | (: | | | |
| | | | | | |
| Full Name: | | | | | |
|] | First | Middle | Last | | |
| Cell No.: | | Work No.: | | | |
| Employer Name & | | | | | |
| | Stree | et, City, State, ZIP | | | |
| Name of Two (2) | Relatives NOT L | iving with you who w | rill always know you | r whereabouts: | |
| Name: | | Relationship: | | | |
| Phone No.: | | Address: | | | |
| | | Street, City, State, ZIP | | | |
| Name: | | | Relationship: | | |
| Phone No.: | | Address: | | | |
| | | | , City, State, ZIP | | |
| +++++++++++ | ++++++++++++ | +++++++++++++ | ++++++++++++++ | +++++++ | |
| You are res | PONSIBLE FO | R NOTIFYING THE | COURT <u>IN WRIT</u> | ING OF ANY | |
| CHANGES AFF | ECTING THE A | ABOVE INFORMAT | ΓΙΟN: | | |
| | | | | | |
| Signature: | | | | | |

PLEASE COMPLETE THIS FORM & RETURN TO:

GRAYSON COUNTY CLERK ATTN: PROBATE 100 W. Houston, #17 Sherman, TX 75090

PLEASE NOTE: YOU ARE RESPONSIBLE FOR NOTIFYING THE COURT IN WRITING OF ANY CHANGES IN YOUR ADDRESS, ETC... OR THE ADDRESS OF THE WARD.