CONFIDENTIAL NOT PUBLIC RECORD PERSONAL REPRESENTATIVE INFORMATION SHEET

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

Cause No.:	use No.:Estate/Guardianship of:							
Your Full Name_ Home Address:	First		Middle		Last			
	Street,		y,	S	State,	ZIP		
Home No.: Cell No.:		Cell No.:	Work No.:					
Employer Name &	Address:							
					City, State			
SSN:(Full number required)			Driver's License No.: ST: ST:					
CURRENT SPOUSI						1	,	
Full Name:								
First		M	Middle		ast			
Cell No.:			Work No.:					
Employer Name &	Address:							
	S	Street, City, State	e, ZIP					
Name of Two (2)	Relatives NO	T Living with	you who wi	ill always l	know you	ır whereabo	outs:	
Name:		Relationship:						
Phone No.:								
		Street, City, State, ZIP						
Name:				Relations	hip:			
Phone No.:		Address:						
Street, City, State, ZIP								
+++++++++++++	+++++++	++++++++++	+++++++	++++++	++++++	+++++++	++++++	
YOU ARE RESP	ONSIBLE	FOR NOTIFY	ING THE	COURT <u>I</u>	N WRI	CING OF A	NY	
CHANGES AFFI	ECTING TH	IE ABOVE IN	FORMAT	ION:				
Signature:								

PLEASE COMPLETE THIS FORM & RETURN TO:

GRAYSON COUNTY CLERK ATTN: PROBATE 200 S. Crockett St., #212A 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.