

BRADFROD COUNTY LAW JOURNAL
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Estate Template

Decedent's Name (Last name, first name): _____.

Also known as: _____

Late of township/borough/city) _____.

Date of Death: _____.

Executor/Administrator/Personal Representative Information (please check one):

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Check if c/o attorney address.

Attorney Information:

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Contact Person – Person who is paying for the Ad

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Daytime phone number _____ E-mail: _____

Sending payment by Check Please call me for credit card payment by phone

Send proof to: _____ check if the same as contact person.

Name: _____

Street Address: _____

City _____ State _____ Zip _____

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