Abstract of Will or Administration

		Surname		
County Seat	County	State D/OR	Date Searched	
Microfilm Reel #	Location of file	m	Web site	
Name of Testator:				
State and County where Recorde	ed:			
State and County where Will wa	s Made:			
File No.: Book	s No.:	Page No:		
Date Will was Written:		Date Recorded:		
Date Entered into Probate:		Date(s) of Codicil(s):		
Names of Executor(s):				
Administration: Date Began:		Name of Administrator(s):		
Date of Death:		Place of Death:		
Occupation of Deceased:				
Name(s) of Witnesses and/or Ap	opraisers:			
Bondsmen or Bonded by and Ar	nount of Bond:		·	
Name(s) of Heirs and Relationsh	nip, if given:			
	-			
Date of Division and Dispersement	ent (or Final Return):			
Any Other Pertinent Information	n in this Document:			