

DECEASED

ABSTRACT FOR APPLICATION FOR PROBATE ACTION

I, THE UNDERSIGNED, BEING THE CLERK OF THE COURT HAVING PROBATE JURISDICTION FOR LUBBOCK COUNTY, DO HEREBY CERTIFY THAT THE FOLLOWING PERSON WAS OF LEGAL VOTING AGE AND RESIDENT OF THIS STATE AT THE TIME OF HIS/HER DEATH. AN APPLICATION FOR PROBATE OF WILL OR ADMINISTRATION OF THE DECEDENT'S ESTATE WAS FILED IN THE COURT.

CASE NUMBER: _____ DATE OF APPLICATION: _____

NAME OF DECEDENT: _____

ADDRESS: _____

DATE OF BIRTH (Required): _____

SOCIAL SECURITY (Last 4 digits required): _____

AGE: _____ SEX: _____

DATE OF DEATH: _____

(SEAL)

**KELLY PINION, COUNTY CLERK
LUBBOCK COUNTY, TEXAS**

BY _____ DEPUTY

DATE _____

FOR VOTER ABSTRACT AND SECRETARY OF THE STATE INFORMATION