



OREGON ESTATES ADMINISTRATION PROGRAM INTAKE FORM

Oregon Estates Administration Program administers solvent intestate estates with no known heirs.

Required Section

Please answers all questions in this section to the best of your knowledge.

Who is reporting: _____
Name Phone

_____ E-mail Entity You Represent

Name of decedent (include prior names used; aka): _____

Decedent SSN: _____ Date of birth: _____ Date of death: _____

Last known address: _____

Personal property held by notifier (keys to residence/vehicle; wallet, ID):

Supplemental Information

Please provide any additional information you have about this case.

Current location of decedent: _____

Veteran: Yes No Unknown DD214: _____

Any leads concerning possible heirs/ family: _____
Name

_____ Contact Relationship to decedent

Knowledge of friends or financially responsible parties: _____
Name

_____ Contact information Relationship to decedent

Oregon Estates Administration
867 Hawthorne Ave SE Salem,
OR 97301-5241
503-566-9440
estates.escheat@ost.state.or.us
unclaimed.oregon.gov





Knowledge of finances (bank/credit union, any assistance, how was rent paid, etc.):

Any known vehicles:

Type of Residence (ex. house, apartment):

If a house: Owned Rented Unknown

Condition of residence (ex. clean/messy, few/many items):

Roommates/pets:

Other residents at residence and relationship to decedent, or landlord, if any:

Presence of hazardous materials (ex. biological, chemical, explosive, etc.):

Responding officer:

Name

Case number

Contact

Medical Examiner involved:

Name

Case number

Contact

Department of Human Services Client:

Yes

No

Unknown

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