

Pro Se Applicant's Name:  
Address:  
Phone Number:

INFORMAL PROBATE INFORMATION SHEET

1. Name of Estate:
2. Decedent was a resident of: X Hawaii
3. Applicant's relationship to decedent and address:
  - a) X Family member:
    - ☐ spouse or reciprocal beneficiary
    - ☐ child
    - ☐ parent
    - ☐ descendant of parent of decedent
4. Was Demand for Notice filed? ☐ Yes X No
5. Will estate be closed under formal probate procedures? ☐ Yes X No

THE UNDERSIGNED HEREBY CERTIFIES THAT TO THE BEST OF HIS/  
HER KNOWLEDGE AND BELIEF ALL OF THE FOREGOING FACTS ARE TRUE AND  
CORRECT.

Date: \_\_\_\_\_

\_\_\_\_\_  
pro se Applicant