



Missing Asset Search

Please complete as many sections as possible and return by email to LSS@findersinternational.com

Deceased's Personal Details

Title	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Maiden Name (if applicable)	<input type="text"/>
Gender	<input type="text"/>
Date of Birth (dd/mm/yyyy)	<input type="text"/>
Date of Death (dd/mm/yyyy)	<input type="text"/>
Additional Information (incl previous names)	<input type="text"/>

Deceased's Address

House No. or Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town / City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Last Known Address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Addresses	<input type="text"/>



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Asset Search Order Form

Deceased's Occupation (this section enables a DWP search)

Valid Company Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town / City	<input type="text"/>
Postcode	<input type="text"/>
National Insurance No.	<input type="text"/>
Previous Occupations	<input type="text"/>

Acting Solicitor's Details

Name	<input type="text"/>
Company	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town / City	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

- ☐ Tick here if acting as Executor of the deceased
- ☐ Tick here if acting on behalf of the Executor of the deceased

Please sign & agree to the following:

I confirm I have been appointed as a Personal Representative of the estate and hereby authorise Finders International and all their agents to undertake a search to locate lost, missing and unknown assets only using the estate information provided.

I confirm that all information and full details held by me regarding the Deceased have been provided to the full extent of my knowledge, and that no false information has been given.



Signed: _____

Print Name: _____