***White County Loose Probate Papers 1835 through 1920***

***Look-up Request Form***

Name of Requester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # ( ) \_\_\_\_-\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) from Loose Probate Index\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estate ( ) or Guardianship ( )

Approximate year given for Entry\_\_\_\_\_\_\_\_\_\_\_\_

Amount of deposit sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notify if copy costs will exceed $5 ( ), $10 ( ), $15 ( ), $20 ( )

***The following to be completed by WCHS Volunteer***

Assigned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # or Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office

ATT: Loose Probate Papers

PO Box 537

Searcy, AR 72145-0537

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