

# **Blount County Probate Information Sheet**

(Please Print Legibly)

Type of case filed: Small Estate \_\_\_ Standard Estate with Will \_\_\_ Standard Estate NO Will \_\_\_

Decedent's Name: \_\_\_\_\_

Address and City: \_\_\_\_\_

County of Residence: \_\_\_\_\_ County of Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Was Decedent enrolled in TENNCARE? Yes No Unknown (Circle One)

Did Decedent leave a Last Will and Testament? Yes No (Circle One)

Date Will was Signed: \_\_\_\_\_

Name of Witnesses to Will: 1. \_\_\_\_\_

2. \_\_\_\_\_

Does the Will state that Bond is waived? Yes or No (Circle One)

Does the Will state that Inventory is waived? Yes or No (Circle One)

Does the Will state that Accounting is waived? Yes or No (Circle One)

## **Please enter the Personal Representative(s) information below:**

1. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

**List Name and FULL Mailing Address of each Will Beneficiary:**

1. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**List Name and FULL Mailing Address of each of the deceased person’s closest relatives, whether they are listed in the Will or not:**

6. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

7. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

8. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

9. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**PLEASE READ AND SIGN:**

**The Clerks in the Clerk and Master’s Office are not attorneys. If you have any legal questions, please consult an attorney.**

This information sheet was filled out by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

## **HEIRS DEFINED**

T.C.A. §31-2-104

(“Issue” means children)

1. Spouse (if no issue)
2. Spouse & Children (if issue)
  - Spouse gets child’s share but not less than 1/3
  - Issue of same degree take equally; remote degree by representation

**IF NO Spouse or Issue**

3. Parent(s)

**IF NO Parent(s)**

4. Siblings & Their Issue
  - Deceased sibling’s issue take by representation

**IF NO Spouse, NO Issue, NO Parent, NO Siblings**

5. Grandparent(s) & Their Issue
  - ½ to Paternal side, ½ to Maternal side or all to one side if no grandparents or their issue on other side.

**GO NO FURTHER UP THE LINE THAN GRANDPARENTS.  
OTHER ISSUE OF GREAT GRANDPARENTS DO NOT TAKE.**