

Client's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Preferred form of communication: EMAIL or PAPER MAIL (**Please circle one**)

### ESTATE INFORMATION

1 **Decedent's full name and address:** \_\_\_\_\_

Decedent's Date of Birth: \_\_\_\_\_

Decedent's Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age at death: \_\_\_\_\_

2 **Date and place of death:** \_\_\_\_\_

3 **Spouse's name:** \_\_\_\_\_

Spouse's Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_

If spouse is deceased, date of death: \_\_\_\_\_

(please provide a copy of spouse's death certificate)

4 **Last Will and Testament?** \_\_\_\_\_

Affidavit attached? \_\_\_\_\_

If not, names and addresses of witnesses:

\_\_\_\_\_  
\_\_\_\_\_

5 **Was the Decedent on TennCare?** \_\_\_\_\_

6 **Executor/Administrator:** \_\_\_\_\_

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

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone No: \_\_\_\_\_

7 **Bond waived in Will?** \_\_\_\_\_

Heirs willing to waive bond? \_\_\_\_\_

**8 Beneficiaries** (Indicate if any are under age 18)

NAME	ADDRESS	RELATION	SSN
_____	_____	_____	____ - ____
	_____		
If minor, date of birth: _____			
_____	_____	_____	____ - ____
	_____		
If minor, date of birth: _____			
_____	_____	_____	____ - ____
	_____		
If minor, date of birth: _____			
_____	_____	_____	____ - ____
	_____		
If minor, date of birth: _____			

*LIST ADDITIONAL NAMES AND ADDRESSES ETC. ON BACK*

**9 Funeral Expenses:** \_\_\_\_\_

**10 Liabilities:** (Debts owed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11 Has Decedent's final income tax return been filed?**  
If so, when? \_\_\_\_\_ (Provide a copy)

**PERSONAL PROPERTY**

**1 Automobile(s) make, model and value:**  
\_\_\_\_\_  
\_\_\_\_\_

**2 Securities:** (i.e. Stocks, bonds)  
\_\_\_\_\_  
\_\_\_\_\_

**3 Furniture and furnishings:** (Approx. value, any antiques?)  
\_\_\_\_\_  
\_\_\_\_\_

**4 Bank Accounts**

Bank Name	Acct. No.	Indiv/Joint	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

5 **Money owed to decedent:** (i.e. loans decedent made to others)

\_\_\_\_\_

\_\_\_\_\_

6 **Insurance**

Name	Policy Number	Face Value	Beneficiary
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**REAL PROPERTY  
JOINTLY HELD**

1 **Property Address:** \_\_\_\_\_

Value of property: \_\_\_\_\_

Mortgage owed on property: \_\_\_\_\_

Mortgage company name and address:

\_\_\_\_\_

\_\_\_\_\_

Name of joint holder(s): \_\_\_\_\_

2 **Property Address:** \_\_\_\_\_

Value of property: \_\_\_\_\_

Mortgage owed on property: \_\_\_\_\_

Mortgage company name and address:

\_\_\_\_\_

\_\_\_\_\_

Name of joint holder(s): \_\_\_\_\_

**REAL PROPERTY  
INDIVIDUALLY HELD**

1 **Property Address:** \_\_\_\_\_

Value of property: \_\_\_\_\_

Mortgage owed on property: \_\_\_\_\_

Mortgage company name and address:

\_\_\_\_\_

\_\_\_\_\_

2 **Property Address:** \_\_\_\_\_

Value of property: \_\_\_\_\_

Mortgage owed on property: \_\_\_\_\_

Mortgage company name and address:

\_\_\_\_\_

\_\_\_\_\_