

# GOTHARD WATERS

ATTORNEYS AT LAW

190 South Lowe Avenue ▪ PO Box 806 ▪ Cookeville, Tennessee 38503

Phone (931) 526-4045 ▪ Facsimile (931) 526-4055

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## **PROBATE INFORMATION FORM (NO WILL)**

### **ABOUT THE DECEASED (also known as the Decedent):**

Full Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

*County*

Occupation/Employer: \_\_\_\_\_

Safe Deposit box? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, Location: \_\_\_\_\_ Box No.: \_\_\_\_\_

Name(s) on Box: \_\_\_\_\_

Costs of Funeral/Burial: \_\_\_\_\_ Paid by: \_\_\_\_\_

Was the Decedent a resident of a nursing home? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

### **MARITAL STATUS OF DECEDENT:**

Full Legal Name of Spouse: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Date of Death (if applicable): \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Was the Decedent party to a Prenuptial Agreement (i.e. Antenuptial Agreement) or Postnuptial Agreement? \_\_\_\_\_

Is/was the Decedent's spouse a resident of a nursing home? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

### **ABOUT THE PERSONAL REPRESENTATIVE(S):**

A. Personal Representative's Name: \_\_\_\_\_

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

*Street*

*City*

*State*

*Zip*

*County*

Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email?

Yes \_\_\_\_\_ No \_\_\_\_\_





*Investments (Stocks, Bonds, and Marketable Securities):*

Financial Institution:	Type of Account/ Account Number:	Account Owner(s):	Value at Death:
------------------------	-------------------------------------	----------------------	-----------------

---

---

---

*Life Insurance:*

Life Insurance Company:	Policy Number:	Beneficiary	Value at Death:
-------------------------	----------------	-------------	-----------------

---

---

---

*Automobiles and Other Vehicles/Boats:*

Year, Make, and Model:	Owner(s)	Value at Death:
------------------------	----------	-----------------

---

---

---

*Other Assets (Including Household Goods/Furnishings):*

Value at Death:

---

---

---

**DECEDENT'S DEBTS:**

House Mortgage Payable To:	Balance Due:
----------------------------	--------------

---

---

---

Automobile Loans Payable To:	Balance Due:
------------------------------	--------------

---

---

---

Credit Cards Payable To:	Balance Due:
--------------------------	--------------

---

---

---

Medical Bills Payable To ( <i>Please bring copies.</i> ):	Balance Due:
---	--------------

---

---

---

Loans Payable To:	Balance Due:
-------------------	--------------

---

---

---

Other Debts:

Balance Due:

---

---

**REFERRAL:**

Were you referred by anyone? If so, who? \_\_\_\_\_

If not, how did you hear about us? \_\_\_\_\_

Is it ok for us to thank the person who referred you? Yes \_\_\_\_\_ No \_\_\_\_\_

*Last updated March 7, 2019*