

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 (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: _____

Do you expect anyone to contest the Decedent's Will? _____

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) (i.e. Executor/Executrix):

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 _____

B. 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 _____

ABOUT THE WILL:

PLEASE LIST BENEFICIARIES NAMED IN WILL (*PLEASE ATTACH A COPY OF WILL OR PROVIDE WILL FOR COPYING AT TIME OF APPOINTMENT*)

A. Name: _____ Relationship: _____
 Mailing Address: _____
Street

City State Zip County

City of Residence (if Different): _____

SSN: _____ Date of Birth/Age: _____

Telephone: (Home) _____ (Work) _____
 (Cell) _____

Email Address: _____

B. Name: _____ Relationship: _____
 Mailing Address: _____
Street

City State Zip County

City of Residence (if Different): _____

SSN: _____ Date of Birth/Age: _____

Telephone: (Home) _____ (Work) _____
 (Cell) _____

Email Address: _____

C. Name: _____ Relationship: _____
 Mailing Address: _____
Street

City State Zip County

City of Residence (if Different): _____

SSN: _____ Date of Birth/Age: _____

Telephone: (Home) _____ (Work) _____
 (Cell) _____

Email Address: _____

D. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____
SSN: _____ Date of Birth/Age: _____
Telephone: (Home) _____ (Work) _____
(Cell) _____
Email Address: _____

E. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____
SSN: _____ Date of Birth/Age: _____
Telephone: (Home) _____ (Work) _____
(Cell) _____
Email Address: _____

ABOUT THE DECEDENT'S FAMILY:

PLEASE LIST ALL OF THE DECEDENT'S IMMEDIATE FAMILY

A. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____

B. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____

C. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____

D. Name: _____ Relationship: _____
 Mailing Address: _____
 Street

 City *State* *Zip* *County*
 City of Residence (if Different): _____

E. Name: _____ Relationship: _____
 Mailing Address: _____
 Street

 City *State* *Zip* *County*
 City of Residence (if Different): _____

DECEDENT’S ASSETS (attach additional pages if necessary):

Real Estate:

Address/Location	Owner(s)	Est. Fair Value at Death

Bank Accounts, Cash, Certificates of Deposit (CDs), etc.:

Bank Name:	Account Number:	Account Owner(s):	Value at Death:

Retirement Accounts (IRAs, 401(k)s, etc.):

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

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 _____