

# 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 \_\_\_\_\_



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): \_\_\_\_\_



*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:
_____	_____	_____
_____	_____	_____

<i>Other Assets (Including Household Goods/Furnishings):</i>	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 \_\_\_\_\_