

**PETITION FOR LETTERS TESTAMENTARY**  
(PLEASE TYPE OR PRINT)

STATE OF TENNESSEE

COUNTY OF KNOX

PROBATE DIVISION, CHANCERY COURT

WITH WILL

DOCKET NUMBER: \_\_\_\_\_

EXECUTION NUMBER: \_\_\_\_\_

CODE: \_\_\_\_\_

**PETITIONER (S):**

Name: \_\_\_\_\_  
(Relationship to Decedent)

Name: \_\_\_\_\_  
(Relationship to Decedent)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
(Residence at time of death) SSN # \_\_\_\_\_

County & State of Death \_\_\_\_\_ Estimated Value of Estate \$ \_\_\_\_\_

The said decedent [ ] was [ ] was not enrolled in the TennCare program at the time of death.

The names of the legatees and devisees, together with the names of all persons who succeeded to an interest of a legatee or devisee, are as follows: (If more space is needed, attach a separate list.)

Name	Relationship	Mailing Address, City, State & Zip	Age
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The following person (s) named above is (are) a minor or under a disability (incompetent):

\_\_\_\_\_

Each of the following persons would have been a beneficiary of the decedent but each of them failed to survive the decedent:

\_\_\_\_\_

The following person (s) would be entitled to the decedent's property under the statutes of intestate succession:

Name	Relationship	Mailing Address, City, State & Zip	Age

The following person (s) named above as an intestate beneficiary is (are) a minor or under a disability (incompetent):

\_\_\_\_\_

Each document offered for probate, including the date of execution, if known, and the names of all attesting witnesses of the document, is as follows:

DOCUMENT OFFERED FOR PROBATE:	Will	Codicil 1	Codicil 2	Codicil 3
HOLOGRAPHIC OR NON-HOLOGRAPHIC:	_____	_____	_____	_____
DATE OF EXECUTION:	_____	_____	_____	_____
NAMES OF ATTESTING WITNESSES:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

A copy of each document offered for probate is attached hereto as an exhibit. As to each document offered for probate, whether the document offered for probate waives the filing of an inventory and accounting or whether such is not otherwise required by law is indicated by designation of a "Yes" or "No" response as set forth below:

DOES THIS DOCUMENT WAIVE THE FILING OF ANY INVENTORY AND ACCOUNTING?

IS THE FILING OF ANY INVENTORY AND ACCOUNTING NOT OTHERWISE REQUIRED BY LAW?

\_\_\_\_\_

\_\_\_\_\_

**NOTE: IRRESPECTIVE OF THE ABOVE RESPONSE, THE PERSONAL REPRESENTATIVE IS REQUIRED TO FILE STATUS REPORTS WITH THE CLERK PURSUANT TO T.C.A. § 30-2-601.**

Wherefore, the undersigned petitioner (s), after being duly sworn according to law, each under oath pray and state as follows:

- 1) The petitioner is not aware of any instrument revoking the document (s) being offered for probate;
- 2) Believes that each document being offered for probate is the decedent's will or codicil as the case may be;
- 3) That the above document (s) be admitted to probate and proper estate letters issue;
- 4) That the contents of this petition, all of which is familiar to me, are true to the best of my knowledge, information and belief;
- 5) That I hereby acknowledge myself as surety for all costs of this cause.

Dated: \_\_\_\_\_

PETITIONER

CO-PETITIONER

CO-PETITIONER

CO-PETITIONER

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

DEPUTY CLERK

**FOR OFFICE USE ONLY:**

Bond Amount _____	Class _____
Bond Waived _____	Number of Letters _____
BIS Waived _____	Publication _____
Inv. Waived _____	Will pages over 3 _____
Acct. Waived _____	Copy Charges _____