

SMALL ESTATE AFFIDAVIT GUIDELINES

T.C.A. §30-4-101, et. seq.

Small Estate Affidavits are used to administer assets with a total gross value at or below \$50,000.00. This \$50,000.00 excludes interest in any real property.

FILING FEE: \$133.00 (Cash or Check ONLY)

FORMS REQUIRED: Small Estate Affidavit Form
Consent to Serve Without Bond Form
(1 for each Next-of-Kin)
Original Will (if decedent left a Will)
Copy of the death certificate
Affidavit of Notice
Oath of Affiant

ADDRESS OF CLERK: Wilson County Probate Court Clerk's Office
134 South College Street
Lebanon, TN 37087
615-466-5311

Listed below are the requirements, information and criteria for filing a Small Estate Affidavit:

The total value of all of the personal property must be \$50,000.00 or less and not include real property.

The decedent must have resided in Wilson County. If the decedent's place of death was in Wilson County but the decedent's residence was in another county, the Affidavit must be filed in the county of residence not Wilson County.

You must wait forty-five (45) days from the date of death to file the Small Estate Affidavit. (If the 45 day waiting period has not passed, the Judge must waive the waiting period.)

You must include the decedent's full name (as it appears on the Death Certificate) when preparing the Affidavit.

If the decedent left a Will, you must bring the original Will to the Clerk's Office. **The Will is not being probated – it is being filed to support the Affidavit.**

As the Affiant, you must obtain signed and notarized **Consent to Serve Without Bond** forms of all the next-of-kin. If you are unable to obtain Consent form(s), you must notify the next-of-kin of the hearing date. NOTE: Minor and incompetent individuals cannot consent. If the Small Estate Affidavit incorporates minors or incompetents, the Court may set a Bond for the value of the personal property sought in the Affidavit.

You must list any known unpaid debts the decedent had at the time of death. Please list the creditor's name, address and amount of the debt.

If the amount of the debt exceeds the value of the personal property, you should seek legal advice from an attorney.

List the location and value of the property you are trying to gain access to.

Although the Clerk's Office is authorized to assist Affiants in completing the Small Estate Affidavit form, this office is not allowed to give legal advice. If you have any legal questions regarding this process, you should seek legal advice from an attorney.

To obtain an EIN number go to <https://sa.www4.irs.gov/modiein/individual/index.jsp>

**In The Probate Court of Wilson County
At Lebanon, Tennessee**

**SMALL ESTATE AFFIDAVIT
T.C.A. §30-4-101, et. seq.**

DOCKET NUMBER: _____

ESTATE OF: _____

Your Affiant, _____, would respectfully show unto the Court as follows:

That the deceased, age _____, died on the _____ day of _____ 20_____, in _____ County, State of Tennessee, and that his/her last residence was:

The decedent left no Will.

The decedent left a Will and the Will has been deposited with the Clerk of this Court, and a copy has been filed to support this Affidavit.

The decedent left the following unpaid debts at the time of his/her death:

<u>CREDITOR</u>	<u>ADDRESS</u>		<u>AMOUNT</u>
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____

(IF OTHER DEBTS, ATTACH A SEPARATE SHEET)

The decedent died owning the following property (list all personal property which includes cash, bank accounts, notes receivable, automobiles, stocks and bonds and life insurance payable to the estate, mechanical equipment, household furnishings, etc.)

Do Not List Jointly Owned Property

<u>ITEM</u>	<u>LOCATION / POSSESSION</u>	<u>BANK ACCT # (if applicable)</u>	<u>VALUE</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(IF OTHER PERSONAL PROPERTY, ATTACH SEPARATE SHEET)

TOTAL PERSONAL ESTATE: \$ _____

The following are the names and addresses of all next of kin of the deceased.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Pursuant to T.C.A. §30-2-301(B) I hereby certify that I have notified the following people that they are beneficiaries of the above estate by sending them a copy of the Will or if not applicable the Small Estate Affidavit.

_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Your Affiant is willing to collect and preserve all assets for the Estate, pay all creditors and distribute the remainder in accordance with the terms of the Will or according to the laws of descent and distribution of the State of Tennessee, pursuant to T.C.A. §30-4-101.

This ____ day of _____, 20__.

Name of Affiant

Address

City State Zip

Phone: _____

State of Tennessee
County of Wilson

Personally appeared before me, Notary Public/Deputy Clerk, the said _____, and after being sworn, deposes and says, subject to the penalty for perjury, that the Affidavit is not false of misleading and that she/he is mindful of all the duties imposed upon her/him.

AFFIANT

Sworn to and subscribed before me, this ____ day of _____, 20__.

Notary Public / Deputy Clerk

Commission Expires: _____

IN THE PROBATE COURT FOR WILSON COUNTY, TENNESSEE

IN THE MATTER OF:

_____, Deceased Case No. _____

PERSONAL REPRESENTATIVE OATH

In accordance with *T.C.A. §30-1-111*, I, _____, do solemnly swear or affirm that I will honestly and faithfully perform the duties as Personal Representative in the above-referenced estate to the best of my ability and knowledge, and I do solemnly swear or affirm that all statements in the *Petition* about me are true and accurate and I am not disqualified because of having been sentenced to imprisonment in a penitentiary as set forth in *T.C.A. §40-20-115* or otherwise;

SO HELP ME GOD.

Signature of Affiant: _____

Address of Affiant: _____

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

Notary Public/Deputy Clerk

My Commission Expires: _____

In The Probate Court of Wilson County
At Lebanon, Tennessee

CONSENT TO SERVE WITHOUT BOND – SMALL ESTATE

IN THE ESTATE OF:

_____ DOCKET NO: _____
Deceased

I, _____, beneficiary of the above referenced Estate, do hereby waive my appointment as the Personal Representative/Affiant of this Estate and consent to the appointment of _____ as Personal Representative/Affiant of the Estate, and I further state to the Court that this appointment shall be **WITHOUT SURETY BOND**.

This _____ day of _____, 20_____.

SIGNATURE: _____

ADDRESS: _____

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

Notary Public / Deputy Clerk

Commission Expiration Date: _____

Instructions: 1) Complete form, Date and sign, 3) Attach death certificate (include documents listed requesting a deferral/exception), Mail or fax to TennCare.

Date received:



STATE OF TENNESSEE
 BUREAU OF TENNCARE—ESTATE RECOVERY
 310 Great Circle Road, 3rd Floor • Nashville, Tennessee 37243
 Phone 866-389-8444 • Fax 615-413-1941

TENNCARE REQUEST FOR RELEASE OF ESTATE RECOVERY CLAIM

INFORMATION ABOUT THE DECEASED PERSON

Full name					
Date of birth		Date of death		Social Security number	
Marital status	<input type="checkbox"/> widow/widower <input type="checkbox"/> divorced <input type="checkbox"/> married <input type="checkbox"/> single				
Did the deceased receive TennCare CHOICES (home and community-based or nursing facility care)?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do not know		
Last known address of deceased prior to nursing facility or assisted living					

**INFORMATION ABOUT THE SPOUSE OF THE DECEASED PERSON
 (complete even if spouse is already deceased)**

Full name					
Date of birth		Date of death		Social Security number	

INFORMATION ABOUT PROBATE COURT CASE

Probate Court case filed?	<input type="checkbox"/> Full probate <input type="checkbox"/> Small estate <input type="checkbox"/> Muniment of title <input type="checkbox"/> NO				
County		Case number			
If not, do you anticipate filing?	<input type="checkbox"/> Full probate <input type="checkbox"/> Small estate <input type="checkbox"/> Muniment of title <input type="checkbox"/> NO				

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

Full name			Relationship to deceased	
Address			Phone number	
			Email	

The person completing the Request for Release is executing it as the estate representative. TennCare will rely upon this representation when communicating the value of TennCare's claims and/or executing a release or deferral of TennCare's claim. TennCare shall be held harmless of any action brought by heirs or other interested parties due to the payment of TennCare's claim by the person presenting themselves as the estate representative.

Signature _____

Date _____

Deferral/exception request on page 2 (OVER) →

