PETITION FOR LIMITED LETTERS FOR A SMALL ESTATE GUIDELINES

T.C.A. §30-4-101, et. seq.

Limited Letters are used to administer assets with a total gross value at or below $50,000.00.

FILING FEE: **$367.00 (Cash, Check or *Credit Card)**
*** Credit Card will add a 3% fee**

FORMS REQUIRED: **Petition for Limited Letters for a Small Estate**
Order for Limited Letters
Consent to Serve Without Bond Form (1 for each Next-of-Kin)
Original Will (if decedent left a Will)
Copy of the Death Certificate
TennCare Request for Release of Estate Recovery Claim
(TennCare Release is only required if the decedent was 55 or older)

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 Petition for Limited Letters:

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 Petition 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 Petition for Limited Letters. (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 Petition.

If the decedent left a Will, you must bring the **original Will** to the Clerk's Office.

As the Petitioner, you must obtain signed and notarized (or signed under penalty of perjury) **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 Petition incorporates minors or incompetents, the Court may set a Bond for the value of the personal property sought in the Petition.

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 assets you are trying to gain access to.

Although the Clerk's Office is authorized to assist in completing the Petition for Limited Letters for a Small Estate 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

PROBATE COURT FOR WILSON COUNTY AT LEBANON, TENNESSEE	**PETITION FOR LIMITED LETTERS FOR A SMALL ESTATE**	CASE NUMBER

In the Matter of the Estate of: _____
Deceased

_____
Personal Representative

Petitioner's name is _____, and address is _____.
Petitioner is: ☐ An adult heir of the decedent OR ☐ nominated to serve as Personal Representative of the decedent's Last Will & Testament. Petitioner has no felony or misdemeanor (excluding, if any, minor traffic offences) convictions, and is not disqualified from serving as Personal Representative of the decedent's estate because of having been sentenced to imprisonment in a penitentiary as set forth in TCA § 40-20-115 or otherwise. Petitioner request that Limited Letters be issued and hereby states the following in support of this Petition:

The decedent, _____, age _____.

Died on _____, in _____ County, Tennessee.

The decedent's residence at the time of death was _____.

☐ The decedent left no Will (died intestate). OR
☐ The decedent left a Will (died testate); petitioner is not aware of any instrument revoking the document being offered for probate as the decedent's Will and petitioner believes said instrument is the decedent's last Will; the date of execution of the Will and the names of the attesting witnesses are as stated in the Will (which names are incorporated by reference); and:
- ☐ The original Will is being filed simultaneously herewith along with affidavits of the attesting witnesses. OR
- ☐ Petitioner is simultaneously filing a Petition to admit the Will to probate as muniment of title per T.C.A. 32-2-111.

The name, age (if under 18), mailing address (if known), and relationship of each heir at law of the decedent are:

Name	Age	Address	Relationship

Attach additional pages if necessary.

If the decedent left a Will, name, age (if under 18), mailing address (if known), and relationship of each Will beneficiary are:

Name	Age	Address	Relationship

Attach additional pages if necessary.

The following heirs and/or persons entitled to inherit from the decedent are under a disability (if "none", so state):_____
Attach additional pages if necessary.
Filing of inventory and accountings are not required by law in a small estate proceeding under TCA § 30-4-101, *et seq.*

An itemized list of the personal property of the decedent which will be subject to this small estate proceeding, the value of each item of property (the total of which is the estimated of the fair market value of the decedent's estate subject to this small estate proceeding), the identity of each creditor of the decedent, and the amount owing to each identified creditor are shown on Exhibit A hereto.

☐ Bond is required in the amount of $_____ (value of the decedent's estate subject to this small estate proceeding) OR
☐ Bond is waived because:
- ☐ Petitioner is the sole beneficiary of the decedent's estate. OR
- ☐ All adult heirs and beneficiaries of the decedent's estate have consent in writings (filed simultaneously herewith). OR
- ☐ Affiant is a bank excused from bond by TCA § 45-2-1005.

Petitioner acknowledges/agrees as follows:

1. Petitioner is willing to collect and preserve all assets of 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.
2. A small estate proceeding CANNOT be used to transfer real property; the limited letters issued in a small estate proceeding DO NOT empower the personal representative to handle any real estate matters of the decedent.
3. The personal representative (and sureties; if any) will automatically be discharged on the first anniversary of the issuance of limited letters and the small estate proceeding will automatically close without further notice to any party.
4. The personal representative will be liable to TennCare (to the extent of the value of all property subject to this small estate proceeding) if a distribution is made prior to reimbursement to TennCare of all medical assistance owed per TCA § 71-5-116.
5. Petitioner is aware of all duties imposed upon the personal representative of a small estate proceeding as provided in The Small Estate Probate Act and any other relevant provisions of Title 30 of the Tennessee Code.

I, the undersigned petitioner, swear or affirm under penalty of perjury that the foregoing (and the information listed below under Exhibit A) is true and correct to the best of my knowledge and belief.

Witness my hand this _____ day of _____, 20____.

_____ _____

Petitioner's Signature Phone Number

State of Tennessee
County of _____

Before me, a notary public in and for said County and state, appeared the above-named Petitioner, whose identity is personally known to me (or proven on the basis of satisfactory evidence) and swore or affirmed that the information contained in the foregoing Petition (including Exhibit[s] thereto) are true and correct to the best of Petitioner's knowledge and belief.

On this the _____ day of _____, 20_____.

_____

Notary Public/Deputy Clerk
Commission Expires:_____

EXHIBIT A

The Decedent left the following unpaid debts at death:

Creditor Name / Description of Debt	Amount of Debt ($)
TOTAL DEBTS owed by the decedent's estate:	

Attach additional pages if necessary.

The decedent died owning the following personalty: (*List all personal property. Also list decedent's financial accounts which did not pass by right of survivorship or pay/transfer on death designation outside of the decedent's estate. Also list policies of insurance payable to the decedent's estate. DO NOT list real property. DO NOT list assets that passed outside of the decedent's estate.*)

Items / Financial Accounts / Insurance / Other Personalty	Value ($)
TOTAL VALUE of the decedent's estate subject to this small estate proceeding:	

Attach additional pages if necessary.

Legal Authority: TCA § 30-4-101 et seq. Rev. grw 6/23

PROBATE COURT FOR WILSON COUNTY AT LEBANON, TENNESSEE	**CONSENT TO SERVE WITHOUT BOND**	CASE NUMBER _____

In the Matter of the Estate of: _____
Deceased

_____
Personal Representative

WITHOUT A WILL (*or with a Will that does not name a living or willing person to serve as Executor)

I, _____, beneficiary of the above-referenced estate, do hereby waive my appointment as the Personal Representative of this estate and consent to the appointment of _____ as Personal Representative of the estate, as evidenced by my signature below, whether notarized or signed under penalty of perjury, and I further state to the Court that this appointment shall be **without Surety Bond.**

WITH A WILL

I, _____, beneficiary of the above-referenced estate, do hereby waive the requirement of bond in the administration of the Small Estate by the Personal Representative named as the Executor in the Will.

This_____ day of _____ , 20_____.

Print Name : _____

Address: _____

_____

_____ **Signature** State of _____ County of _____ Sworn to and subscribed before me, this ____ day of _____ 20____. _____ Notary Public/Deputy Clerk My Commission Expires: _____	OR	I certify under penalty of perjury that the foregoing is true and correct. _____ **Signature**

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE ROAD, 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

REQUEST FOR RELEASE

INCLUDE A DEATH CERTIFICATE WITH READABLE SOCIAL SECURITY NUMBER

Deceased Person's Name[1]

First _____ Middle _____ Last _____

Person Submitting Request

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Information About Probate Court Case

Has a probate court case been filed? If yes, check the box and fill out the rest of this section. ☐
County the case was filed in: _____ Date Filed: _____
Case Number: _____

Request that TennCare Waive or Delay Recovery of Claim

Are you asking TennCare to waive (drop) or delay recovery of its claim? If yes, check any boxes that apply. See the instructions at the bottom of this page for the other documents you must send us with this page.
Deceased is survived by a child under 21[2] ☐ Deceased had long-term care insurance[3] ☐
Deceased is survived by a child that the Social Security Administration has determined to be blind or permanently and totally disabled.[4] ☐
Deceased is survived by a spouse ☐ Surviving spouse's full name: _____
Surviving Spouse's Social Security Number: _____

Information about Trust[5]

Is the deceased the beneficiary of a trust with a Medicaid payback provision?[5] If yes, check this box ☐ and list the trustee's contact information below. Please provide a copy of the trust.
Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

INSTRUCTIONS:

[1] Email, mail or fax this completed page and a legible copy of the deceased's death certificate with Social Security Number unredacted to the RFR Processing Unit.
[2] If the deceased is survived by a child under 21, also send a copy of the child's birth certificate.
[3] If the deceased had long-term care insurance, also send a copy of the policy documents.
[4] If the deceased was survived by a blind or disabled child, also send a copy of the child's birth certificate and the determination/award letter from the Social Security Administration.
[5] If the deceased is the beneficiary of a trust with a Medicaid payback plan, also send a copy of the trust.

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free at 866-389-8444. We can connect you with the free help or service you need. (For TRS call: 711)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are two places where you can file a complaint:

TennCare Office of Civil Rights Compliance 310 Great Circle Road, Floor 3W Nashville, Tennessee 37243 **Email:** HCFA.Fairtreatment@tn.gov **Phone:** 1-855-857-1673 (TRS 711) **You can get a complaint form online at:** https://hhs.gov/ocr/complaints/index.html	**U.S. Department of Health & Human Services, Office for Civil Rights** 200 Independence Ave SW, Rm 509F, HHH Bldg., Washington, DC 20201 **Phone:** 1-800-368-1019 **(TDD):** 1-800-537-7697 **You can get a complaint form online at:** http://www.hhs.gov/ocr/office/file/index.html **Or ,you can file a complaint online at:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf