



THE BLACKBURN LAW FIRM, PLLC

P. O. Box 70, Olive Branch, MS 38654
Phone: 662-895-6116 / Fax: 662-895-6121

Administration Questionnaire - Tennessee (Decedent died without Will)

Client Information:

Name: _____ Relationship to deceased: _____

Social Security No: _____ date of birth _____

Address: _____

City _____ County _____ State _____ Zip _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email Address: _____

What is the best way to contact you? _____ Email _____ US Mail _____ Phone no: _____

Information on deceased individual:

Name: _____ Date of birth: _____

SS#: _____ Date of death: _____ Age at death: _____

Address at death: _____

City _____ County _____ State _____ Zip _____

Number of years decedent lived in Tennessee: _____

Did deceased leave a **surviving spouse**? yes _____ no _____

If yes, state name of spouse: _____ spouse's SS#: _____

Was decedent **predeceased by a spouse**? yes _____ no _____

If yes, provide name of deceased spouse: _____

Spouse's date of death: _____ Spouse's SS#: _____

Does decedent have any **surviving parents**? yes _____ no _____

If yes, state name of each parent, city and state of residence:

<u>Name</u>	<u>City</u>	<u>State</u>
_____	_____	_____
_____	_____	_____

Does decedent have any **surviving children**? yes _____ no _____

If yes, state name of each child, city and state of residence:

<u>Name</u>	<u>City</u>	<u>State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does decedent have any **deceased children**? yes _____ no _____

If yes, state name of each deceased child and date of death:

<u>Name</u>	<u>Date of Death</u>
_____	_____
_____	_____
_____	_____

Does decedent have any **surviving grandchildren**? yes _____ no _____

If yes, state name of each grandchild, city and state of residence and parent's name:

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Parent's Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does decedent have any **surviving siblings**? yes _____ no _____

If yes, state name of each sibling, city and state of residence:

<u>Name</u>	<u>City</u>	<u>State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Beneficiary/Administrator information:

List the name, address, Social Security number, date of birth and relationship of each heir to the decedent.

<u>Full name</u>	<u>Address</u>	<u>Social Security #</u>	<u>DOB</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the name, address, Social Security number, date of birth and relationship of each Administrator / Administratrix of the Estate:

<u>Full name</u>	<u>Address</u>	<u>Social Security #</u>	<u>DOB</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does the Administrator / Administratrix intend to charge a fee for his / her services? yes _____ no _____

If so, please state amount: _____

Did the decedent have a safe deposit box? yes _____ no _____

If so, where was it located? Bank name _____ bank address _____

Total cost of funeral expenses, even if prepaid by decedent: _____

List address and approximate value of all real property owned by the decedent:

<u>Address</u>	<u>County</u>	<u>State</u>	<u>Approx. Value</u>	<u>any mortgage?</u>	
				<u>yes</u>	<u>no</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For any mortgage checked above, list the name and address of the mortgage company, the account number and the approximate balance owed at the time of death:

<u>Name & Address of mortgage company</u>	<u>Account Number</u>	<u>Approx. Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List name of all accounts (bank accounts, CDs, IRAs, Money Market Accounts, Retirement Accounts, Stocks, Bonds, etc.) owned by decedent, account number, name and address where located, phone number and approximate value at the time of death:

1.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

2.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

3.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

4.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

5.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

6.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

List all life insurance policies owned by or on the life of the decedent, name and address of insurance company, the beneficiary, the policy number and its value:

1.

Insurance Company name and address

Policy number	Beneficiary name	value
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2.

Insurance Company name and address

Policy number	Beneficiary name	value
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3.

Insurance Company name and address

Policy number	Beneficiary name	value
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Please provide this office with copies of the following documents:

- 1. Death Certificate**
- 2. Provide copies of last statement after death of all bank accounts, CDs, IRAs, Money Market Accounts, Retirement Accounts, Stocks, Bonds, etc.**
- 3. Provide copy of all Certificate of Deposits**
- 4. Inventory of Safe Deposit Box**
- 5. Copy of all insurance policies**