Please complete and fax to: (931) 968-2425

PROBATE INFORMATION

(PLEASE PROVIDE NAMES AS THEY APPEAR IN THE ORDER)

NAME OF DECEASED: _____

ADDRESS: _____

_____

DATE OF DEATH: _____ **AGE:** _____

VALUE OF ESTATE: _____

WITH WILL? _____

AMOUNT OF BOND: _____

PERSONAL REPRESENTATIVE: _____

( ) EXECUTOR ( ) ADMINISTRATOR ( ) ADMIN. WITH WILL ANNEXED

ADDRESS: _____

_____

PHONE NO: _____

ATTORNEY: _____

ADDRESS: _____

_____

PHONE NO: _____

LETTERS: **HOW MANY CERTIFIED COPIES?** _____

DATE AND TIME OF APPOINTMENT: _____

(DATE) **(TIME)**