

**IN THE CHANCERY COURT
FOR MONTGOMERY COUNTY, TENNESSEE
AT CLARKSVILLE
SMALL ESTATE PETITION FOR LIMITED LETTERS OF AUTHORITY
FOR ESTATES WITHOUT A WILL**

This petition is to be used to file for an alternative small estate administration of a deceased person's estate pursuant to The Small Estates Act, T.C.A. § 30-4-101 *et seq.*

FILING FEES	FORMS REQUIRED	ADDRESS OF CLERK AND MASTER'S OFFICE
WITHOUT WILL: \$145.50 <u>CASH, CREDIT, DEBIT, CASHIER'S CHECK OR MONEY ORDER ONLY</u>	<ul style="list-style-type: none"> • Small Estate Petition • Consents to serve from ALL heirs-at-law if you wish to waive bond • Death Certificate 	Montgomery County Courthouse 2 Millennium Plaza Suite 101 Clarksville, TN 37040

CONSENTS REQUIRED TO BE FILED FOR ALL HEIRS OF THE DECEASED

PLEASE NOTE THAT UNDER The Small Estates Act, T.C.A. §§ 30-4-101 *et seq.* (2023), IT IS REQUIRED TO FILE CONSENTS FROM ALL HEIRS IN LIEU OF A BOND REQUIREMENT PRIOR TO LIMITED LETTERS OF AUTHORITY BEING ISSUED

Requirements:

- **VALUE:** Total value of all personal property owned by the deceased at death must be \$50,000 or less. Personal property does not include real estate (such as house or land).
- **RESIDENCE:** The deceased must have resided in Montgomery County when they died.
- **WAIT PERIOD:** Forty-five (45) days must have passed since the deceased's death. If you urgently need to access property prior to the end of 45 days, file a request in writing with the Court describing the reasons why expedited access is needed.
- **AUTHORITY TO FILE:** In order to have authority to file this petition, you must be an heir-at-law or have signed consents of all heirs-at-law.
- **DEATH CERTIFICATE**
- **NAME OF DECEASED:** You must state the deceased's full LEGAL name, not nickname.

PLEASE NOTE...

The clerk's office is authorized by T.C.A. § 30-4-103(1)(B) to assist you in completing this form but is prohibited from giving you legal advice. If you have any legal questions, we urge you to consult an attorney.

NOTICE OF FILING

Notice must be given of this action to all heirs-at-law. Note that minors and incompetent (i.e., mentally disabled) adults cannot give consent (Consent may be possible through a custodial parent, guardian, conservator or agent under a power of attorney). It is the responsibility of the petitioner to provide a filed copy of the petition for limited letters of authority to each heir.

BEFORE YOU FILE

Please check with whoever is holding the decedent's property (e.g. bank, insurance company, etc) to make sure that they will accept Limited Letters to release the property. Once you file, you cannot obtain a refund of your filing fee if the holder does not release the property to you.

**IN THE CHANCERY COURT
FOR MONTGOMERY COUNTY, TENNESSEE
AT CLARKSVILLE**

IN RE:
ESTATE OF _____

DOCKET NO: MC-CH-CV-PB _____

**SMALL ESTATE PETITION FOR LIMITED LETTERS OF AUTHORITY FOR A DECEASED'S
ESTATE WITHOUT A WILL**

(under authority of T.C.A. § 30-4-101 et. seq.)

I, the undersigned Petitioner, do hereby certify and declare the following is true and correct to the best of my belief, knowledge, and information:

1. My full legal name is _____.

2. My mailing address is (include complete address with city/state/zip) _____
_____.

3. I **have/have not** (circle one) been convicted of any misdemeanors, felonies or served a sentence in a penitentiary.

If so, please explain: _____
_____.

4. My authority to file this Petition for Limited Letters of Authority is:

a. I am an heir-at-law to the deceased. Relationship: _____

b. All those eligible as an heir-at-law or beneficiary under the Will have consented in writing for me to serve and I am filing those consents with the clerk.

c. I am filing on behalf of someone (you must attach the letter of authority that gives you authority, such as a power of attorney). Please also check the box indicating why the person you are representing would have authority to serve.

5. The deceased's full legal name was _____.

6. The deceased's primary address was: _____
_____.

7. The deceased died on the _____ day of _____, 20____, at age _____.

8. The deceased died in the county of _____ in the state of _____ (If outside the U.S., death was in _____).

9. Forty-five (45) days have passed since the date of the Decedent's death.

OR

Due to extenuating circumstances, I hereby request that the Court waive the 45-day waiting period for the following reason(s):

_____ **By placing my initials here, I confirm that a thorough search for a Will of the deceased occurred and no Will was found.**

10. DEBTS OF THIS ESTATE

The deceased did NOT have any unpaid debts at the time of death.

The deceased left the following known debts that were unpaid at time of death (*you may also include the funeral and burial debts*):

Creditor Name and Account Number	Creditor's Mailing Address Including City, State and Zip Code	Amount of Debt
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID

This list is continued on a second sheet I've attached.

11.ASSETS OF THIS ESTATE

The deceased owned real estate (house, land, etc) The deceased did not own real estate.

PLEASE NOTE THE FILING OF A SMALL ESTATE PETITION IS NOT VALID FOR THE TRANSFER OF REAL ESTATE.

_____ By placing my initials here, I certify that the total value of the deceased’s personal property (not real estate), as I’ve specifically listed on the next page, amounts to \$50,000 or less. If I discover that the deceased’s assets were more than \$50,000, I will file a petition with the Court to convert this small estate administration to a full estate administration.

_____ By placing my initials here, I confirm that I understand that as Petitioner of limited letters of this Small Estate, I have no authority to claim, transfer, or distribute any assets owned by the deceased that are not listed on the next page. I understand I may amend this Petition if needed but will need a separate court order for it to be effective.

The deceased owned the following items of personal property (Do not list jointly owned property or assets that passed outside of the estate. Also include any life insurance policies payable to the deceased or his/her estate.):

#	Type of Asset	Description	Amount
	<i>Please list general category, such as Checking Account, Car, Household furnishings, etc.</i>	<i>Please give as much information as you have... include company name; account numbers; year, Make, Model and VIN numbers for vehicles; numbers identifying the instrument, check, or policy, date of note. Please also note location of asset.</i>	<i>If unknown, give best estimate. When estimated, write "Est." before amount.</i>
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$

This list is continued on a second sheet I’ve attached.

TOTAL ASSETS (Fair Market Estate):

12. HEIRS-AT-LAW CERTIFICATION

a) Did the deceased have a SPOUSE that was living at the time of deceased's death? *i.e. deceased got married and they never got a legal divorce* YES NO

b) Did the deceased have a CHILD, GRANDCHILD, GREAT GRANDCHILD, or GREAT-GREAT GRANDCHILD living at the time of deceased's death? YES NO

include adopted children but do NOT include step-children

IF YOU CHECKED YES, WRITE THESE NAMES IN THE BOX ON THE NEXT PAGE: WRITE THE SPOUSE'S NAME IF YOU CHECKED YES TO (a) ABOVE, AND IF YOU CHECKED YES FOR (b) WRITE THESE NAMES:

CHILDREN: list only if alive when deceased died.

GRANDCHILDREN: list only if alive when deceased died AND that grandchild's parent was a child of deceased who died before deceased.

GREAT-GRANDCHILDREN: list only if alive when deceased died, AND

1) that great-grandchild's parent was a grandchild of the deceased but died before deceased AND

2) that great-grandchild's grandparent was a child of deceased but died before deceased (if a great-grandchild would have been an heir but died before deceased, that person's children would be heirs if living when deceased died, and so-on.)

THESE WILL BE THE ONLY HEIRS-AT-LAW - DO NOT CONTINUE ON THIS PAGE.

IF YOU CHECKED NO IN BOTH BOXES ABOVE:

c) Did the deceased have a PARENT living at the time of his/her death? YES NO

IF YOU CHECKED YES, WRITE THE NAMES OF THE PARENTS LIVING AT THE TIME OF THE DECEASED'S DEATH IN THE BOX ON THE NEXT PAGE.

THESE WILL BE THE ONLY HEIRS-AT-LAW - DO NOT CONTINUE ON THIS PAGE.

IF YOU CHECKED NO IN ALL BOXES ABOVE:

d) Did the deceased have a SIBLING (BROTHER/SISTER), or a descendant of the sibling (NIECES/NEPHEWS, GREAT-NIECES/GREAT-NEPHEWS, etc.) living at the time of his/her death? YES NO

IF YOU CHECKED YES, WRITE THESE NAMES IN THE BOX ON THE NEXT PAGE:

BROTHER OR SISTER: list only if alive when deceased died.

A NIECE OR NEPHEW: list only if alive when deceased died AND that niece/nephew's parent was a brother or sister of deceased and died before deceased.

GREAT-NIECE/GREAT NEPHEW: list only if alive when deceased died, AND

1) that great-niece/great nephew's parent was a niece or nephew of the deceased but died before deceased AND

2) that great-niece/nephew's grandparent was a brother or sister of deceased but died before deceased

(if a great-niece/nephew would have been an heir but died before deceased, that person's children would be heirs if living when deceased died, and so-on.)

THESE WILL BE THE ONLY HEIRS-AT-LAW.

IF YOU CHECKED NO IN ALL BOXES ON THE LAST PAGE:

e) Did the deceased have a **MATERNAL GRANDPARENT** (mother's side of the family) living at the time of his/her death? YES NO

f) Did the deceased have a **PATERNAL GRANDPARENT** (father's side of the family) living at the time of his/her death? YES NO

STEP ONE: IF YOU CHECKED YES TO BOTH: WRITE THE GRANDPARENTS' NAMES LIVING WHEN DECEASED DIED IN THE BOX BELOW. THOSE ARE THE ONLY HEIRS AT LAW. GO TO NEXT PAGE.

IF YOU CHECKED YES TO ONE AND NO IN THE OTHER ONE: WRITE THE NAME(S) OF THE LIVING GRANDPARENT(S) AT DECEASED DEATH IN THE BOX BELOW AND PROCEED TO STEP TWO BELOW.

IF YOU CHECKED NO TO BOTH, PROCEED TO STEP TWO BELOW.

STEP TWO: WRITE THESE NAMES IN THE BOX BELOW ONLY IF ALL BOXES ON PRECEDING PAGE WHERE CHECKED "NO" AND AT LEAST ONE BOX ABOVE IS CHECKED "NO":

AUNT OR UNCLE: list only if alive when deceased died AND both parents of that aunt or uncle died before deceased.

COUSIN: list only if alive when deceased died AND

1) that cousin's parent was an aunt or uncle of the deceased but died before deceased &

2) that cousin's grandparents were also grandparents of the deceased and BOTH died before deceased

(if a cousin would have been an heir but died before deceased, that person's children would be heirs if living when deceased died, and so-on.)

13. HEIRS-AT-LAW

Name	Complete Mailing Address Including City, State and Zip Code	Relationship to Deceased	Current Status
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED <input type="checkbox"/> Consent filed for Waiver of Bond
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED <input type="checkbox"/> Consent filed for Waiver of Bond
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED <input type="checkbox"/> Consent filed for Waiver of Bond
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED <input type="checkbox"/> Consent filed for Waiver of Bond
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED <input type="checkbox"/> Consent filed for Waiver of Bond
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED <input type="checkbox"/> Consent filed for Waiver of Bond
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED <input type="checkbox"/> Consent filed for Waiver of Bond
<input type="checkbox"/> This list is continued on a second sheet I've attached.			

_____ By placing my initials here, I confirm that to the Court that as Petitioner of this Small Estate, I have provided a copy of this Small Estate Petition to all heirs of the deceased in accordance with the Montgomery County Probate practice.

ACKNOWLEDGMENTS/PRAYERS:

I, Petitioner, acknowledge:

1. I am willing to collect and preserve all assets of the estate, pay all creditors and distribute the remainder in accordance with the terms of the Last Will and Testament or according to the laws of descent and distribution of the State of Tennessee.
2. I, and any sureties, will be automatically 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.
3. If distribution is made prior to payment of all medical assistance owed to TennCare under T.C.A. §71-5-116, I, and any person who receives property from the Estate, shall be liable to the extent of the value of the property received.
4. I am 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.

WHEREFORE, the Petitioner prays:

1. That Petitioner be allowed to file this Petition pursuant to T.C.A. §30-4-101, et seq.
2. That Petitioner be the appointed Personal Representative of the above estate and that Limited Letters of Administration/Limited Letters Testamentary be issued.
3. For any such further relief that the law may allow.

I, the undersigned Petitioner, swear and/or affirm under the penalty of perjury, that the foregoing information is true and correct to the best of my knowledge and belief.

This _____ day of _____, 20_____.

YOUR SIGNATURE:	X	PHONE #: _____ EMAIL ADDRESS: _____
------------------------	---	--

STATE OF _____
COUNTY OF _____

SWORN AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC: X	COMMISSION EXPIRES:
----------------------------	----------------------------

**IN THE CHANCERY COURT
FOR MONTGOMERY COUNTY, TENNESSEE
AT CLARKSVILLE**

PERSONAL REPRESENTATIVE OATH

IN RE: THE ESTATE OF _____)

DECEDENT _____)

)
)
)
)

DOCKET NO: MC-CH-CV-PB-_____

In accordance with T.C.A. §30-4-101 et seq., I, _____, do hereby 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 hereby solemnly swear or affirm that all statements in the Petition about me are true and accurate. I have no felony or misdemeanor convictions, and I am not disqualified from serving as Personal Representative 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.

This _____ day of _____, 20 _____.

PRINT NAME: _____

ADDRESS: _____

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

**IN THE CHANCERY COURT
FOR MONTGOMERY COUNTY, TENNESSEE
AT CLARKSVILLE**

**CONSENT TO APPOINTMENT OF PERSONAL
REPRESENTATIVE WITHOUT BOND**

IN RE: THE ESTATE OF

DOCKET NO: MC-CH-CV-PB _____

Deceased

I am one or more of the following **[select all that apply]**:

- Adult beneficiary of the above described estate.
- Power of attorney for an adult beneficiary of this estate whose name is _____
[attach copy of power of attorney].
- Conservator of an adult beneficiary of this estate whose name is _____
[attach conservatorship order or letters of conservatorship].
- Guardian of a minor beneficiary of this estate whose name is _____
[attach guardianship order or letters of guardianship].
- Custodian of a minor beneficiary of this estate whose name is _____
[attach court order].
- Parent of a minor beneficiary of this estate whose name is _____
[attach copy of birth certificate].

I consent to the appointment of _____
as the Personal Representative of this estate.

OR

I do not consent for the following reason(s): _____

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