

INSTRUCTIONS FOR PETITION FOR LIMITED LETTERS FOR A SMALL ESTATE

**"Small Estate" means that the value of the personal property
does not exceed \$50,000.00
The Decedent must *NOT* have an interest in any real property**

- A SMALL ESTATE cannot be opened until 45 days from date of death.
- Complete the **PETITION FOR LIMITED LETTERS FOR A SMALL ESTATE** and bring it with you to court along with a copy of the death certificate. **DO NOT SIGN THE PETITION.** If you need help, we will try to help you as best we can without giving legal advice.
- If the Decedent left a last will, you are required to bring the **original** to be lodged without probate with the Clerk to support the Petition. A \$5.00 fee is required to file the unproven and unprobated, original will.
- Court Costs for the LIMITED LETTERS FOR SMALL ESTATE is \$374.50 (plus \$5 if will is presented).
- If all other heirs sign a waiver of bond, no bond will be required.
- If bond is required, it is the amount of the value of personal property.
- It is required that a TennCare release be filed with the Petition for Limited Letters for a Small Estate.

Probate Court: Hawkins County Courthouse
100 E. Main Street, Suite 316
Rogersville, TN 37857

If you have any questions, please feel free to call us at 423-272-8150.

IN THE CHANCERY COURT FOR HAWKINS COUNTY, TENNESSEE

In the Matter of the Estate of

NO. _____

Deceased

WAIVER OF BOND

**The undersigned, an adult beneficiary in the above-noted estate, hereby
agrees for _____ to file a Petition For Limited Letters For A Small
Estate in this cause and to do so without bond.**

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

Notary Public

My Commission Expires: _____

Hawkins County Chancery Court 100 E. Main Street, Suite 316 Rogersville, TN 37857 (423) 272-8150	PETITION FOR LIMITED LETTERS FOR A SMALL ESTATE	Case Number <hr/>
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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 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 shown on attached Exhibit A) is true and correct to the best of my knowledge and belief.

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

Petitioner

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
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.



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

Deceased
Person's
Name:

First Middle Last

Person Submitting Request

Name:

Address:

Street Address Suite #

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 the case was filed:

Court 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 [] Deceased had long-term care insurance []

Deceased is survived by a child that the Social Security Administration determined to be blind or permanently and total disabled. []

Deceased is survived by a spouse [] Surviving Spouse's SSN

Surviving spouse's full name

Information about Trust

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

Name:

Address:

Street Address Suite #

City State Zip Code

Phone: Email:

INSTRUCTIONS:

- 1. Email, mail or fax this completed page and the deceased's death certificate to the RFR Processing Unit.
2. If the deceased is survived by a child under 21, also send us a copy of the child's birth certificate.
3. If the deceased had long-term care insurance, also send us a copy of the policy documents with this page.
4. If the deceased was survived by a blind or disabled child, also send us 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 us 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:

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

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish:	Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-389-8444 (TRS:711).
Kurdish:	کوردی ناگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆرای، بۆ تۆ بەردەستە. پەیوەندی بە 866-389-8444 (TRS:711)..بکە
Arabic:	رَبِيْعَة وظائف: اذا متكلمت على ربيعنا اتمنح دةعالمسا ويةللغا رةقومن اكل انجام. اتصل مقرر: 866-389-8444 (TR: 711) مقرر فتاه صملا و ملبكا
Chinese:	繁體中文 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電866-389-8444 (TRS: 711)。
Vietnamese:	Tiếng Việt CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 866-389-8444 (TRS:711).
Korean:	한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 866-389-8444 (TRS:711).번으로 전화해 주십시오.
French:	Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-389-8444 (TRS:711).
Amharic:	አማርኛ ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 866-389-8444 (መስማት ለተሳናቸው:TRS:711) .
Gujarati:	ગુજરાતી સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 866-389-8444 (TRS:711) .
Laotian:	ລາວ ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 866-389-8444 (TRS:711).
German:	Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 866-389-8444 (TRS:711).
Tagalog:	Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-389-8444 (TRS:711).
Hindi:	हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 866-389-8444 (TRS:711) . पर कॉल करें।
Serbo-Croatian:	Srpsko-hrvatski OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 866-389-8444 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711) .
Russian:	Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-389-8444 (телетайп: TRS:711) .
Nepali:	नेपाली ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 866-389-8444 (टिडिवाइ: TRS:711) ।
Persian:	فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. (TRS:711) 866-389-8444