

Georgia Probate Questionnaire

Decedent Information:

Name of Deceased: _____

Address: _____
(Street, City, State, Zip Code and County)

Date of Death: _____ Did Deceased have a Will? Yes No

County where Deceased resided: _____

Is this a new petition (no one has previously opened an estate)? Yes No

Do you have any reason to believe the petition may be contested? Yes No
If yes, then why and by whom will it be contested:

Petitioner Information:

Your Name: _____

Address: _____
(Street, City, State, Zip Code and County)

Telephone Number: _____

Relationship to deceased: _____

If there is a Second Petitioner

Name: _____

Address: _____
(Street, City, State, Zip Code and County)

Relationship to deceased: _____

Telephone Number: _____

Will Information: *(If applicable)*

Date of Will: _____

Name of Executor: _____

Who has original Will? _____

If you are not the named Executor, then why are you seeking to serve as Executor?

Names of Heirs:

We must give notice to any living spouse and to all living children. If none, then to living parents and siblings. If none, then to the next closest relatives.

Name: _____ Age: _____

Address: _____

(Street, City, State, Zip Code and County)

Name: _____ Age: _____

Address: _____

(Street, City, State, Zip Code and County)

Name: _____ Age: _____

Address: _____

(Street, City, State, Zip Code and County)

Name: _____ Age: _____

Address: _____

(Street, City, State, Zip Code and County)

Name: _____ Age: _____

Address: _____

(Street, City, State, Zip Code and County)

Name: _____ Age: _____

Address: _____

(Street, City, State, Zip Code and County)

Additional Instructions:

1. Provide the names of any additional heirs. Attach additional pages as necessary.
2. If any heir is a minor child, or is disabled and under a guardianship, provide the name and contact information of the parent, Guardian or other person who would sign that heir's name.
3. Provide the ORIGINAL Will. We will be required to file it with the Court.
4. If the deceased did not have a Will, then provide a list of all known real estate, financial accounts, stocks, bonds and other assets with significant value.
5. Provide the name and contact information for all known creditors. If the Deceased was on Medicaid, provide information concerning the services provided.

I have answered the above Questionnaire to the best of my knowledge and belief. If there are additional facts that I believe are relevant to the Petition, I have written them below or on additional pages and attached them to this Questionnaire.

Signature

Date