

STATE OF GEORGIA  
COLQUITT COUNTY

**AFFIDAVIT OF HEIRS  
PAYMENT OF CHECKS OR INSTRUMENT**

Personally appeared before the undersigned officer authorized by law to administer oaths,

\_\_\_\_\_, who being duly sworn, deposes  
(Claimant)

and says on oath that \_\_\_\_\_, a resident of this County, died  
(Decedent)

intestate on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Further stating that the said deceased has no other estate to be administered; and that the Claimant(s) listed below, know of no other Claimant to such funds.

Whereas any person intestate having possession of or a right to possession of a check or other instrument payable to such deceased person and the amount of the check or instrument does not exceed \$15,000, the financial institution on which the check or instrument is drawn shall be authorized to accept and redeem the check or instrument by payment to the following person(s);

Surviving Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

IF NO SURVIVING SPOUSE THEN CHILDREN PRO RATA: (If no children then Mother and/or Father)

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

All of those persons named herein are of age and laboring under no disability except:  
\_\_\_\_\_

This Affidavit is made for the purposes of inducing the named financial institution to pay the amount of the said funds up to \$15,000 to  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payments made pursuant to the O.C.G.A. 7-1-239.1 shall operate as a complete acquittal and discharge to the financial institution of liability from any suit, claim, or demand of what ever nature by any heir, distribute, to be made as provided in this Code section without the necessity of administration of the estate of the deceased and without the necessity of obtaining and order that no administration is necessary.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Print Name

*(Notary Seal)*

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Print Name

*(Notary Seal)*

\_\_\_\_\_  
Notary Signature

*(Notary Seal)*

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Signature

*(Notary Seal)*

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Signature

*(Notary Seal)*

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Signature

*(Notary Seal)*

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Judge/Clerk of the Probate Court