

SMALL ESTATE AFFIDAVIT

**STATE OF GEORGIA
COUNTY OF COLQUITT**

- I. _____ on oath state:
(name of affiant)
1. My post office address is: _____

- My residence address is: _____

2. The decedent's name is: _____
3. The date of the decedent's death was: ____/____/____, and I have attached a true and correct copy of the death certificate hereto;
4. At least thirty (30) days have elapsed since the death of the decedent;
5. The decedent's place of residence immediately before this death was:
_____, _____
(City) (State)
6. No application or petition for appointment of a personal representative of the decedent's estate is pending or has been granted in any jurisdiction;
7. The decedent's estate consists solely of personal property, including the cash value of the decedent's [life insurance policy] [annuity contract] [banking account] or check number: _____
(number of policy or contract or banking account or check);
8. The total value of the decedent's estate is less than \$15,000;
9. There are no unpaid claims against the decedent or the estate of the decedent; all inheritance taxes, if any, have been paid, and the person making this affidavit is entitled to payment or delivery of property;
10. The following is a list of all of the known assets and liabilities of the decedent's estate: (Add additional sheets if necessary)

Description	Amount	Debtor/Creditor

Fill out #11 if the decedent left no will OR #12 if the decedent left a will

11. The decedent left no will. The names, places of residence, and relationships of the decedent's heirs and the portion of the estate to which each heir is entitled under law where decedent died are as follows:

Name	Relationship	Residence	Date of Birth	Portion of Estate

12. The decedent left a will, which has been filed with the clerk or Judge of the Probate Court. A certified copy of the will on file is attached. To the best of my knowledge and belief the will on file is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admissible to probate. The names and places of residence of the legatees and the portion of the estate, if any, to which such legatee is entitled are as follows:

Name	Relationship	Residence	Date of Birth	Portion of Estate

[Strike either #11 or #12]

13. Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.
14. Affiant is related to the decedent as a _____ (state relationship) (e.g. spouse, child, grandchild, parent, sister, brother, niece, nephew, aunt or uncle).
15. The affiant requests that the decedent's property, [life insurance policy] [annuity contract] [banking account or check] number _____ (insert number here) issued by _____ (insert issuer) with cash value surrender value on the date of the decedent's death of _____ (insert date of death) be (check one):

____ Transferred to:

____ Surrendered and the cash surrender value mailed to:

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Taxpayer ID#: _____

Tax Payer ID# : _____

Signature of Affiant

Type or Printed Name of Affiant

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

Notary Public/Clerk or Judge of Probate Court

Type or Printed Name of Notary Public/Clerk or
Judge of Probate Court

County, GA

My Commission/term expires: _____