

O.C.G.A. §53-5-8(b) Filing

INSTRUCTIONS

Specific Instructions

1. List each beneficiary in the will and check the box for their method of service. (If there are more than 5 beneficiaries, attach a second page.)
2. Attach a copy of the waiver they signed or the notice you mailed for each beneficiary.
3. Attach a copy of the return receipt showing certified mailing.
4. If you do not know where a beneficiary is and cannot find them, search for them and attach an Affidavit of Diligent Search explaining your efforts.
5. File this with the court within 60 days of your date of appointment.

If you fail to do each of these things, the court may cite you to appear and show cause why your Letters Testamentary should not be revoked.

**IN THE PROBATE COURT OF CANDLER COUNTY
STATE OF GEORGIA**

ESTATE OF: _____)
 _____)
DECEASED _____)
 _____)

ESTATE NO.: _____

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I, _____, Personal Representative of the above-named estate, have served the beneficiaries named in the Will as follows:

	Name	Date	Service Type		
			Waiver	Mail	Search
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This ____ day of _____, 20____.

Signed : _____

Printed name: _____

**IN THE PROBATE COURT OF CANDLER COUNTY
STATE OF GEORGIA**

ESTATE OF:

_____,
DECEASED

)
)
)
)

ESTATE NO.: _____

O.C.G.A. §53-5-8(b) Notice

To Beneficiary:

Name:

Address:

This is to serve as notice to the above-named beneficiary that the undersigned has been appointed Personal Representative of the above-named estate and may be contacted at:

Personal Representative Information #1:

Name:

Mailing Address:

Phone Number:

Personal Representative Information #2:

Name:

Mailing Address:

Phone Number:

Signature of Personal Representative #1

Date

Signature of Personal Representative #2

Date