WILL FOR INFORMATION ONLY

COUNTY OF _____

STATE OF GEORGIA

The attached will was submitted by:

Informant: _____
First Name Middle Last

Mailing Address: _____
Street Address

_____
City State Zip Code

Telephone No.: _____

The informant was *(check one)*:

____ named as executor in the will.
____ related to decedent as _____.
____ other: _____.

Decedent: _____
First Name Middle Last

Address: _____
Street Address

_____
City State Zip Code

Date of Death: _____, _____. Proof of death is attached.

_____ _____
Date Signature of Informant

Please complete the form by typing or printing legibly in black ink.