**Petition for Presumption of Death**

**of Missing Individual Believed to be Dead**

INSTRUCTIONS

1. Specific Instructions
2. This form is to be used for Petition for Presumption of Death of Missing Individual Believed to be Dead pursuant to O.C.G.A. § 53-9-1 et seq.
3. The service requirements for this form are covered in O.C.G.A. § 53-9-2.
4. This form may be used in conjunction with a Petition for Letters of Administration, a Petition to Probate Will in Common or Solemn Form, a Petition for Year’s Support or a Petition for an Order that No Administration is Necessary. Any of these other Petitions may be granted at any time after the presumption of death is established, provided that all legal requirements for the granting of the other Petition have been met.
5. Signatures of those who acknowledge service must be sworn to before a notary public or the Clerk of any Probate Court of this state. An attorney at law may acknowledge service on behalf of his/her client; however, the attorney must certify that he or she currently represents that individual with regard to the pending matter and, in order to comply with O.C.G.A. § 53-11-6, the attorney’s signature must be sworn to as provided above. It is not necessary that all acknowledgments appear on the same page.
6. O.C.G.A. § 53-11-2 provides that a party to a probate proceeding who is not sui juris must be represented by a guardian provided that the Court may appoint a guardian ad litem or determine that the natural guardian, guardian, conservator, or testamentary guardian has no conflict and may serve. Should a guardian ad litem be necessary because a party is not sui juris, use Supplement 1.
7. The final order includes language for both clear and convincing evidence and preponderance of the evidence. O.C.G.A. § 53-9-1 dictates the burden required based on the circumstances of the case.
8. Paragraph 4 requires sufficient factual information for the Court to conclude that those listed in Paragraph 3 constitute all of the would-be heirs of the missing decedent and that there are not additional heirs of the same or closer degree according to O.C.G.A. § 53-2-1. These facts must allow the Court to rule out the possibility that there may be other heirs of the same or closer degree who have not been listed. Provide the date of death of any deceased heirs and the name of the Personal Representative if applicable. The Personal Representative of a deceased heir is authorized to consent on behalf of that heir. O.C.G.A. § 53-6-30. [NOTE: If you are uncertain how to determine the heirs of a decedent, refer to the “Heirs Determination Worksheet” available from the Probate Court or at www.gaprobate.gov.] Examples of such statement would be: (a) “decedent was or was not married at the time of his death and had no children born, adopted, living or deceased, other than listed herein”; (b) “decedent had no other siblings half or whole other than those listed herein”; (c) “the decedent’s brother who died previously had no other children born, adopted, living or deceased, other than listed herein.”
9. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each probate court or at www.gaprobate.gov, labeled GPCSF 1.

**IN THE PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISSING INDIVIDUAL )**

**PETITION FOR PRESUMPTION OF DEATH**

**OF MISSING INDIVIDUAL BELIEVED TO BE DEAD**

The Petition of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*[Full name(s) of Petitioner(s)] First Middle Last*

whose physical address(es) is/are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Street City County State Zip Code*

and mailing address(es) is/are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Street City County State Zip Code*

shows to the Court the following:

1.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*[Full name of missing individual] First Middle Last*

hereinafter referred to as the “missing individual”, whose place of domicile was \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is missing.

*Street City County State Zip Code*

2.

*[Initial one]*

1. Petitioner has \_\_\_\_ (simultaneously filed) \_\_\_\_ (will file) a Petition concerning this estate for:

*[initial one]*

\_\_\_\_\_\_ 1. Administration of the estate.

\_\_\_\_\_\_ 2. Probate of will in (common) (solemn) form.

\_\_\_\_\_\_ 3. A year’s support.

\_\_\_\_\_\_ 4. Order that no administration is necessary.

OR (b) \_\_\_\_\_\_ Petitioner does not presently intend to file any other proceedings.

3.

Listed below are all of the missing individual’s would-be heirs at law, with age or majority status, address and relationship to the missing individual set opposite the name of each:

*Name Age (or over 18) Address Relationship*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4.

**Required**: *[Provide sufficient factual information to enable the Court to conclude that all of the heirs of the missing individual are included and that there are no heirs of the same or closer degree according to O.C.G.A. § 53-2-1. Provide the names of any deceased heirs, the name and address of his or her Personal Representative, if any, and include the date of death for each. [See instructions for further clarification.] Also, state here all pertinent facts that may govern the method of giving notice to any party and that may determine whether or not a guardian ad litem should be appointed for any party. If any heirs listed above are cousins, grandchildren, nephews or nieces of the missing individual, indicate the deceased ancestor through whom they are related to the missing individual:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.

*[Initial one]*

\_\_\_\_\_\_ (a) The missing individual has been missing from his/herlast known place of domicile for a continuous period of four (4) years or longer.

\_\_\_\_\_\_ (b) The missing individual has been missing from his/her last known place of domicile for a continuous period of twelve (12) months or longer.

\_\_\_\_\_\_ (c) The missing individual was exposed to a specific peril or tragedy resulting in probable death under circumstances that may be proved by clear and convincing evidence. The specific peril or tragedy and the circumstances proving the death of the missing individual are fully explained in Paragraph 8.

6.

The missing individual was last heard from on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*[Date]*

at which time he/she was at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*[Location or Address]*

7.

To the knowledge of the Petitioner, no other proceedings with respect to this estate are pending, or have been completed, in any other Probate Court in this state.

8.

The Petitioner shows the following facts in support of the belief that the missing individual is deceased: ***[If death is to be proved as a result of a specific peril or tragedy, fully describe the specific peril or tragedy and the circumstances proving the decedent’s exposure thereto and death as a result thereof]***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEREFORE, petitioner prays:

1. That necessary notice be issued and served according to law; and

2. That an order establishing a presumption of death be entered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Petitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

Signature of Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Bar #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION**

**GEORGIA,** BIBB **COUNTY**

Personally appeared before me the undersigned Petitioner who, after being duly sworn, states that the facts set forth in the foregoing Petition for Presumption of Death of Missing Individual Believed to be Dead and the attached Exhibit(s) are true and correct.

Sworn to and subscribed before me this

\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Petitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY/CLERK OF PROBATE COURT Printed Name of Petitioner

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

**IN THE PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISSING INDIVIDUAL )**

**ACKNOWLEDGMENT OF SERVICE AND ASSENT TO PETITION**

**PETITION OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FOR THE PRESUMPTION OF DEATH OF THE ABOVE-NAMED MISSING INDIVIDUAL BELIEVED TO BE DEAD**

I, the undersigned, being over 18 years of age, laboring under no legal disability and being thosewho would be heirs if the missing individual were known to be dead, hereby acknowledge service of a copy of the Petition for presumption of death of missing individual believed to be dead and notice, waive copies of same, waive further service and notice, and hereby assent to the Petition without further delay.

SIGNATURE(S) OF WOULD-BE HEIRS

Sworn to and subscribed before me this

\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY/CLERK OF PROBATE COURT Printed Name

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sworn to and subscribed before me this

\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY/CLERK OF PROBATE COURT Printed Name

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sworn to and subscribed before me this

\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY/CLERK OF PROBATE COURT Printed Name

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTICE***

***THE FOLLOWING PAGES ARE TO BE COMPLETED BY THE PETITIONER (MOVING PARTY) UNLESS OTHERWISE DIRECTED BY THE COURT.***

***SEE PROBATE COURT RULE 5.6 (A).***

**IN THE PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISSING INDIVIDUAL )**

**Petition for Presumption of Death**

**of Missing Individual Believed to be Dead**

**ORDER FOR SERVICE OF NOTICE**

*[Note: If desired, the following Order for Service of Notice and Notice of Hearing may be combined with any other such Order and Notice required for the issuance of letters or an order for year’s support or that no administration is necessary.]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ filed this Petition to establish the presumption of death of the above-named missing individual believed to be dead (and a Petition on the estate of such individual).

IT IS ORDERED that notice be published once a week for four (4) weeks, in the official newspaper in this county in which sheriff’s advertisements are published, giving notice that on a day stated, which must be at least ninety (90) days after the first publication, evidence will be heard by this Court concerning the alleged absence of the missing individual and the circumstances and duration thereof.

IT IS FURTHER ORDERED that the notice be *[initial any and all of the following that apply]:*

\_\_\_\_ Served personally, together with a copy of the Petition, upon the following individuals who would be heirs if the missing individual were known to be dead, who reside within this state, who have not acknowledged service:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Served by registered or certified mail, return receipt requested, together with a copy of the Petition, upon nonresident individuals who would be heirs if the missing individual were known to be dead, whose current residence addresses are known and who have not acknowledged service:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ Served by publication upon the following individuals who would be heirs if the missing individuals were known to be dead, whose current residence addresses are unknown and who have not acknowledged service:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ [Optional] IT IS FURTHER ORDERED that the Petitioner search for the missing individual in the following manner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sarah S. Harris Probate Judge

**IN THE PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISSING INDIVIDUAL )**

**Petition for Presumption of Death**

**of Missing Individual Believed to be Dead**

**NOTICE OF HEARING**

A Petition for presumption of death of the above-named missing individual believed dead, has been filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (in conjunction with a Petition for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). Notice is hereby given that at \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_.M., on the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, evidence will be heard by the Probate Court concerning the alleged absence of said missing individual and the circumstances and duration thereof. The missing individual, if alive, or any other individual having evidence that the missing individual is alive, is required to produce and present to the Court evidence that the missing individual is still in life.

This \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

Sarah S. Harris\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probate Judge

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk of the Probate Court

**IN THE PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISSING INDIVIDUAL )**

**CERTIFICATE OF SERVICE**

I certify that I have this date mailed (unless otherwise noted) in an envelope with the proper postage affixed thereto for first-class mail delivery copies of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the following parties at the addresses below:

This \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk/Deputy Clerk of the Probate Court

**Probate Court of Bibb County**

**Bibb County Courthouse, Room 207**

**P. O. Box 6518**

**Macon, GA 31208-6518**

**(478) 621-6494**

**IN THE PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISSING INDIVIDUAL )**

**ORDER ESTABLISHING PRESUMPTION OF DEATH AND DATE THEREOF**

The Petition of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for presumption of death of the above-named missing individual believed to be dead, having come before the Court for hearing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, and it appearing that notice of such hearing was duly published and served as required by law, and after hearing evidence in said case, it is the finding of the Court that a diligent and reasonable effort has been made to locate the missing individual and that a legal presumption of death of said missing individual has been established

\_\_\_\_\_ by a preponderance of the evidence because the presumption of death has been proved by showing that the individual has been missing from his or her last known place of domicile for a continuous period of four (4) years,

OR

\_\_\_\_\_ because the death has been proved by a preponderance of the evidence and by showing that the individual has been missing from his or her last known place of domicile for a continuous period of twelve (12) months or more,

OR

\_\_\_\_\_ by clear and convincing evidence, because the presumption of death has been proved by showing that the individual was exposed to a specific peril or tragedy resulting in probable death, and this Court concludes that such missing individual is hereby declared to be dead.

WHEREUPON, IT IS ORDERED that above-named missing individual be and is hereby declared dead, and the date of death is hereby established as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SO ORDERED this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FILED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk

Sarah S. Harris Probate Judge