

PETITION TO PROBATE WILL IN SOLEMN FORM

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used when filing a petition to probate will in solemn form pursuant to O.C.G.A. §53-5-20 et seq.
2. It is permissible, but not mandatory, to use this form in connection with a petition to probate a copy of a will in lieu of a lost original pursuant to O.C.G.A. §53-4-46, provided that appropriate interlineations are made, and additional information is given to overcome the presumption of revocation. Check with the court in which the petition will be filed.
3. This form may, but is not required to, be used where service by registered or certified mail with return receipt requested, restricted delivery, is requested by the Petitioner in lieu of personal service, in accordance with O.C.G.A. §53-11-3(e). Appropriate changes would be required in the order for notice, notice and certificate of service.
4. Signatures of heirs who acknowledge service must be attested by a notary public or the clerk of any probate court of this state. It is not necessary that all acknowledgments appear on the same page. An attorney at law may acknowledge service on behalf of an heir; however, the attorney must certify that he or she currently represents that heir 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 attested as provided above. With respect to a power of attorney, the attorney-in-fact may acknowledge service on behalf of the donor of the power, provided that the power of attorney grants such authority, the signature of the attorney-in-fact is attested, a copy of the power of attorney is attached, and the attorney-in-fact certifies that the copy is a true copy and is still in effect.
5. O.C.G.A. §53-5-22(c) provides that service of notice, when made personally or by mail, shall include a copy of the petition and of the will (and codicil(s)) for which probate is sought. The same is true when service is acknowledged.
6. Paragraph 4 requires sufficient factual information for the Court to conclude that those listed in paragraph 3 include each and every heir of the 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 similar or closer degree that 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.org. 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."

7. Page 6. In the event there is a Testamentary Guardian/Conservator named in the will and the decedent died leaving minor children, then the consent to serve should be completed according to O.C.G.A. § 29-2-4 and/or §29-3-5.
8. As to pages after 7 according to Probate Court Rule 5.6 (A), unless the court specifically assumes the responsibility, it is the responsibility of the moving party to prepare the proper citation and deliver it properly so it can be served according to law. The documents after page 8 are to be completed by the moving party, unless otherwise directed by the court.

II. General Instructions

General instructions applicable to all Georgia probate court standard forms are available in each probate court, labeled GPCSF 1.

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
DECEASED)

PETITION TO PROBATE WILL IN SOLEMN FORM

The petition of _____,
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 decedent) First Middle Last

whose place of domicile was _____,
Street City County State Zip Code

departed this life on _____, 20____.

2.

While alive, decedent duly made and published a Last Will and Testament dated _____, which is herewith offered for probate in Solemn Form (also offered for Probate are Codicil(s) dated _____).
Your petitioner(s) is/are named as the Executor(s).

3.

Listed below are all of the decedent's heirs at law, with the age or majority status, address and relationship to the decedent set opposite the name of each:

Name	Age (or over 18)	Address	Relationship

4.

Required: Provide sufficient factual information to enable the Court to conclude that all of the heirs of the decedent are included and that there are no heirs of similar or higher degree according to O.C.G.A. §53-2-1. Provide the names of any deceased heirs and include the date of death for each. (See instructions for further clarification.) Also, state here all pertinent facts which may govern the method of giving notice to any party and which 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 decedent, indicate the deceased ancestor through whom they are related to the decedent.

5.

(Initial one)

_____ (a) To the knowledge of the Petitioner(s), no other proceedings with respect to this estate are pending, or have been completed, in any other probate court in this state.

_____ (b) The probate of another purported Will of the decedent is pending in the State of _____, in the _____ County Probate Court. The names and address(es) of the propounder(s) and the names, addresses and ages or majority status of the beneficiaries under the other purported Will to whom notice is required under O.C.G.A. §53-5-22(b) are listed on the attachment hereto, which is expressly made a part hereof, as if fully set forth herein.

_____ (c) An Administration is pending in the State of _____, in the _____ County Probate Court. The names and address(es) of the Petitioner(s) and the names, and the names and address(es) of the appointed Administrator(s), if any, are listed on the attachment hereto, which is expressly made a part hereof, as if fully set forth herein.

6.

(Initial if applicable)

As shown in paragraph 3 above, the decedent was survived by (a) minor child(ren), and:

_____ (a) The Will names a Testamentary Guardian of the minor child(ren) of the decedent. Petitioner shows there is no living parent of said child(ren). The following individual(s) who has/have consented to serve is/are named as Testamentary Guardian in the decedent's Will:

Name	Address
_____	_____
_____	_____

____ (b) The Will names a Testamentary Conservator of the minor child(ren) of the decedent for property passing under the decedent's Will. The following individual(s) who has/have consented to serve is/are named as Testamentary Conservator(s) in the decedent's Will:

Name	Address
_____	_____
_____	_____

____ (c) There is/are now a court-appointed Conservator(s), who is/are identified as follows:

Name	Address
_____	_____
_____	_____

7.

Additional Data: Where full particulars are lacking, state here the reasons for any such omission _____

WHEREFORE, petitioner(s) pray(s)

1. Leave to prove said Will (and Codicil(s)) in solemn form,
2. That due and legal notice be given as the law requires,
3. That said Will be admitted to record on proper proof,
4. That Letters of Testamentary Guardianship and/or Letters of Testamentary Conservatorship issue, if applicable,
5. That Letters Testamentary issue, and
6. That this Court order such other relief as may be proper under the circumstances.

Signature of First Petitioner

Signature of Second Petitioner, if any

Printed Name

Printed Name

Mailing Address

Mailing Address

Telephone Number

Telephone Number

Signature of Attorney

Printed Name of Attorney

Address

Telephone Number

State Bar #

VERIFICATION

GEORGIA, _____ COUNTY

Personally appeared before me the undersigned Petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing petition (and the attached exhibits) are true.

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

Signature of First Petitioner

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of First Petitioner

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

Signature of Second Petitioner

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of Second Petitioner

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
DECEASED)

ACKNOWLEDGMENT OF SERVICE AND ASSENT TO PROBATE INSTANTER

We, the undersigned, being 18 years of age or older, laboring under no legal disability and being heirs of the above-named decedent, hereby acknowledge service of a copy of the Petition to Probate the Will in Solemn Form, purported Will, and notice, waive copies of same, waive further service and notice, and hereby assent to the probate of said Will in Solemn Form instanter.

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

Signature of Heir

NOTARY/CLERK OF PROBATE COURT

Printed Name of Heir

My Commission Expires _____

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

Signature of Heir

NOTARY/CLERK OF PROBATE COURT

Printed Name of Heir

My Commission Expires _____

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

Signature of Heir

NOTARY/CLERK OF PROBATE COURT

Printed Name of Heir

My Commission Expires _____

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 _____,)
DECEASED)

**TESTAMENTARY GUARDIAN AND/OR TESTAMENTARY CONSERVATOR
CONSENT TO SERVE**

(To be completed only in the event a Testamentary Guardian/Conservator is named in the Will)

I/We, the undersigned, being 18 years of age or older, laboring under no legal disability and being named as Testamentary Guardian(s) and/or Testamentary Conservator(s), hereby consent to serve. I/We understand that once appointed, I/We will have the same rights, powers, and duties as set forth in O.C.G.A. §§29-2-4 and 29-3-5.

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

Testamentary Guardian/Conservator

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires _____

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

Testamentary Guardian/Conservator

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires _____

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
COUNTY OF BIBB
STATE OF GEORGIA**

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 DECEASED)

ORDER FOR SERVICE OF NOTICE

The foregoing Petition to Probate Will (and Codicil(s)) in Solemn Form having been filed, service is ordered as follows:

(Initial any and all which apply)

_____ Notice shall be served personally, or by certified mail or statutory overnight delivery, as requested by the Petitioner together with a copy of the petition and pursuant to O.C.G.A. § 53-11-3 and the purported Will (and Codicil(s)), at least ten (10) days before the Will (and Codicil(s)) can be probated on the following heirs who reside in Georgia (if mailed, must be with return receipt requested, and restricted delivery to addressee only):

_____ Notice shall be served by registered or certified mail, return receipt requested, pursuant to O.C.G.A. § 53-11-4 together with a copy of the petition and the purported Will (and Codicil(s)), upon the following nonresident heirs whose current residence addresses are known:

_____ Notice shall be published once a week for four (4) weeks in the legal organ of this county, before _____, 20____, in order to serve by publication the following heirs whose current residence addresses are unknown:

SO ORDERED this _____ day of _____, 20_____.

Sarah S. Harris

Probate Judge

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 DECEASED)

ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM

IT IS ORDERED that _____
Name Address Telephone Number

is appointed guardian ad litem for _____,
(minor)(unborn heir)(and the unknown heir), and that said guardian ad litem be duly served with a copy of the foregoing notice, petition, purported Will (and codicil(s)) and notice of this appointment, and that upon said guardian ad litem's acceptance of same, said guardian ad litem shall make answer hereto. This appointment is limited to this proceeding only and it shall cease when a final order is entered on this petition.

SO ORDERED this _____ day of _____, 20____.

Sarah S. Harris Probate Judge

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 DECEASED)

ANSWER OF GUARDIAN AD LITEM

I hereby accept the foregoing appointment, acknowledge service and notice of the proceedings as provided by law, and for answer say:

This _____ day of _____, 20____.

Signature of Guardian Ad Litem (GAL): _____

Typed/printed name of GAL: _____

Address: _____

Telephone Number: _____

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

IN RE: ESTATE OF _____)
)
)
) **ESTATE NO.** _____
)
)
) **DECEASED**)

NOTICE

AN ORDER FOR SERVICE WAS GRANTED BY THIS COURT ON _____, 20____,
REQUIRING THE FOLLOWING: (Strike any paragraph if not applicable:)

TO: _____
(List here all heirs having known addresses in the continental U.S. to be served by certified or registered mail)

This is to notify you to file objection, if there is any, to the above referenced petition, in this Court on or before the thirteenth (13th) day after _____, 20____ (the date of the mailing of this Notice to you by certified or registered mail, return receipt requested); provided, however, that if a return receipt for such Notice is actually received by the Court within such thirteen (13) days, the deadline for the filing of any objection shall be ten (10) days from the date of receipt shown on such return receipt.

TO: _____
(List here all heirs having known addresses outside the continental U.S. to be served by certified or registered mail)

This is to notify you to file objection, if there is any, to the above referenced petition, in this Court on or before the thirtieth (30th) day after _____, 20____ (the date of the mailing of this Notice to you by certified or registered mail, return receipt requested); provided, however, that if a return receipt for such Notice is actually received by the Court within such thirty (30) days, the deadline for the filing of any objection shall be ten (10) days from the date of receipt shown on such return receipt.

This is further to notify _____,
(List here all heirs who reside in Georgia to be served personally or by certified mail with restricted delivery to the addressee, if specifically requested by the petitioner)
who are required to be served personally, to file objection, if there is any, to the above referenced petition, in this Court on or before the tenth (10th) day after the date you are personally served or sign the return receipt.

BE NOTIFIED FURTHER: All objections to the petition must be in writing, setting forth the grounds of any such objections. All pleadings/objections must be signed before a notary public or before a probate court clerk, and filing fees must be tendered with your pleadings/objections, unless you qualify to file as an indigent party. Contact probate court personnel at the following address/telephone number for the required amount of filing fees. If any objections are filed, a hearing will be scheduled at a later date. If no objections are filed, the petition may be granted without a hearing.

Sarah S. Harris
PROBATE JUDGE
By: _____
PROBATE CLERK/DEPUTY CLERK
Probate Court of Bibb County
P.O. Box 6518
Macon, GA 31208-6518
(478) 621-6494

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

IN RE: ESTATE OF _____)
)
)
) **ESTATE NO.** _____
)
)
) **DECEASED**)

NOTICE

AN ORDER FOR SERVICE WAS GRANTED BY THIS COURT ON _____,
20____, REQUIRING THE FOLLOWING: (For use if an heir is required to be served by publication:)

TO: _____
(List here all heirs having unknown addresses to be served by publication)

This is to notify you to file objection, if there is any, to the above referenced petition, in this Court on or before _____, 20_____.

BE NOTIFIED FURTHER: All objections to the petition must be in writing, setting forth the grounds of any such objections. All pleadings/objections must be signed before a notary public or before a probate court clerk, and filing fees must be tendered with your pleadings/objections, unless you qualify to file as an indigent party. Contact probate court personnel at the following address/telephone number for the required amount of filing fees. If any objections are filed, a hearing will be scheduled at a later date. If no objections are filed, the petition may be granted without a hearing.

DATE:
PUBLICATION DATES:

Sarah S. Harris
PROBATE JUDGE

FOUR INSERTIONS
CHECK/MO NO. _____
ATTACHED FOR: **\$85.00**
ATTORNEY:

By: _____
PROBATE CLERK/DEPUTY CLERK
Probate Court of Bibb County
Bibb County Courthouse, Room 207
P.O. Box 6518
Macon, GA 31208-6518
(478) 621-6494

COURT REQUESTS AFFIDAVIT

PETITION TO PROBATE WILL IN SOLEMN FORM

PROBATE COURT OF COUNTY

STATE OF GEORGIA

IN RE: ESTATE OF

)
)
)
)

ESTATE NO. _____

_____,
DECEASED

**PETITION TO PROBATE WILL IN
SOLEMN FORM**

RETURN OF SHERIFF

I have this day served _____
personally with a copy of the foregoing petition, purported Will and notice.

Date

Deputy Sheriff, _____ County

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 DECEASED)

CERTIFICATE OF SERVICE

I certify that I have on this date mailed, unless otherwise noted, in an envelope with the proper postage affixed thereto for (certified mail with restricted delivery) and/or (certified or registered mail, return receipt requested) delivery copies of the Petition to Probate Will in Solemn Form 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
COUNTY OF BIBB
STATE OF GEORGIA**

IN RE: ESTATE OF _____)
)
)
) **ESTATE NO.** _____
)
)
) **DECEASED**)

ORDER ADMITTING WILL (AND CODICIL(S)) TO PROBATE IN SOLEMN FORM

An alleged Last Will and Testament dated _____ was propounded.

_____ were/was nominated Personal Representative(s) by the Testator. The Court finds that the Decedent died domiciled within, or owning property within, the above county. The Court further finds that all of the heirs at law were served or acknowledged service. The Court further finds that no objection has been filed, and all requirements of law have been fulfilled. The Court further finds that the propounded Will (is self-proving) (has been proved by one or more witnesses).

ACCORDINGLY, IT IS ORDERED that the Will dated _____ and the Codicil(s) dated _____ is established as the Last Will and Testament of the Decedent; that the Will (and Codicil(s)) be admitted to record as proven in solemn form; and, that the nominated Executor(s) named above has (have) leave to qualify as Personal Representative(s) by taking the required oath, after which Letters Testamentary shall issue. The Clerk shall serve the Personal Representative(s) with copies of Letters upon qualification.

IT IS FURTHER ORDERED that the Personal Representative(s) shall disburse all property according to the terms of the Will (and Codicil(s)) and shall maintain all records of income and disbursements until discharged by Order of this Court.

IT IS FURTHER ORDERED that (initial if applicable)

_____ (a) One or more Codicils are also admitted to probate, dated as follows:

_____ (b) An inventory shall be filed.

_____ (c) Annual returns shall be filed.

_____ (d) Letters of Testamentary Guardianship and/or Conservatorship shall issue to _____.

SO ORDERED this _____ day of _____, 20_____.

FILED
_____ Date
_____ Dep. Clerk

Sarah S. Harris Probate Judge

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 _____,)
 DECEASED)

OATH OF EXECUTOR

I do solemnly swear or affirm that this writing being presented to this Court dated _____, _____ is the true Last Will and Testament and the Codicil(s) dated _____, _____ of _____, deceased so far as I know or believe, and that I will well and truly execute the same in accordance with the laws of Georgia. So help me God.

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

Signature of Executor

JUDGE/CLERK OF PROBATE COURT

Printed Name of Executor

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

Signature of Executor

JUDGE/CLERK OF PROBATE COURT

Printed Name of Executor

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 DECEASED)

LETTERS TESTAMENTARY
(Relieved of Filing Returns)

By Sarah S. Harris, Judge of the Probate Court of the above County.

KNOW ALL WHOM IT MAY CONCERN:

At a regular term of Probate Court, the Last Will and Testament dated _____, _____
and Codicil(s) dated _____
of _____,
deceased, at the time of his or her death a resident of the above County was legally proven in
Solemn form and was admitted to record by order, and it was further ordered that _____
_____, named as Executor(s) in said Will, be
allowed to qualify, and that upon so doing, Letters Testamentary be issued to such Executor(s).

NOW, THEREFORE, the said _____,
having taken the oath of office and complied with all necessary prerequisites of the law, is/are
legally authorized to discharge all the duties and exercise all powers of Executor(s) under the
Will of said deceased, according to the Will and the law.

Given under my hand and official seal, the ____ day of _____, 20____.

Sarah S. Harris Probate Judge

NOTE: The following must be signed if the
Judge does not sign the original of
this document:

Issued by: _____ (Seal)

Clerk/Deputy Clerk of the Probate Court

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 DECEASED)

LETTERS TESTAMENTARY
(Not Relieved of Filing Returns)

By Sarah S. Harris, Judge of the Probate Court of the above County.

KNOW ALL WHOM IT MAY CONCERN:

At a regular term of Probate Court, the Last Will and Testament dated _____, _____
and Codicil(s) dated _____
of _____,
deceased, at the time of his or her death a resident of the above County, was legally proven in
Solemn form and was admitted to record by order, and it was further ordered that

_____, named as
Executor(s) in said Will, be allowed to qualify, and that upon so doing, Letters Testamentary be
issued to such Executor(s).

NOW, THEREFORE, the said _____,
having taken the oath of office and complied with all necessary prerequisites of the law, is/are
legally authorized to discharge all the duties and exercise all powers of Executor(s) under the
Will of said deceased, according to the Will and the law. The Executor shall file (an inventory)
and/or (annual returns each year).

Given under my hand and official seal, the ____ day of _____, 20____.

Sarah S. Harris Probate Judge

NOTE: The following must be signed if the
Judge does not sign the original of
this document:

Issued by: _____ (Seal)

Clerk/Deputy Clerk of the Probate Court

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

IN RE: ESTATE OF _____)
)
)
) **ESTATE NO.** _____
)
)
) **DECEASED**)

LETTERS OF TESTAMENTARY GUARDIAN OF MINOR
(To be completed only in the event a Testamentary Guardian is named in the will)

From the Judge of the Probate Court of said County.

TO: _____, Testamentary Guardian(s)

RE: _____, Minor

Pursuant to the Last Will and Testament and Codicil(s) of

_____,
deceased, you have been appointed Testamentary Guardian of the minor. You have assented to this appointment by taking your oath. In general, your duties as Testamentary Guardian are to protect and maintain the person of the minor and your power over the minor shall be the same as that of a parent over a child, the guardian(s) standing in place of the parent(s). A guardian shall at all times act as a fiduciary in the minor's best interest and exercise reasonable care, diligence, and prudence.

Special Instructions:

1. It is your duty to see that the minor is adequately fed, clothed, sheltered, educated, and cared for, and that the minor receives all necessary medical attention.
2. You must keep the Court informed of any change in your name or address.
3. You should inform the Court of any change of location of your minor.
4. You shall, within sixty (60) days of appointment and within sixty (60) days after each anniversary date of appointment, file with this Court and provide to the conservator of the minor, if any, a personal status report concerning the minor.
5. You shall promptly notify the court of any conflict of interest which may arise between you as guardian and the minor pursuant to O.C.G.A. §29-2-23.
6. The guardianship automatically terminates when the minor dies, reaches age 18, is adopted, or is emancipated.
7. You shall act in coordination and cooperation with the minor's conservator, if appointed, or if not, with others who have custody of the minor's property.
8. Consult your attorney if you have any questions. Your authority to act pursuant to these Letters is subject to applicable statutes and to any special orders entered in this case.

Given under my hand and official seal, the ____ day of _____, 20 ____.

NOTE: The following must be signed if the
Judge does not sign the original of
this document:

Sarah S. Harris Probate Judge

Issued by: _____ (Seal)

Clerk/Deputy Clerk of the Probate Court

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
DECEASED)

LETTERS OF TESTAMENTARY CONSERVATORSHIP OF MINOR

(To be completed only in the event a Testamentary Conservator is named in the will)

TO: _____, Testamentary Conservator(s)

RE: _____, Minor

Pursuant to the Last Will and Testament, and Codicil(s), of the below-named decedent, you have been appointed Testamentary Conservator of the minor's property. You have assented to this appointment by taking your oath. In general, your duties as Testamentary Conservator are to protect and maintain the property of the minor and utilize the minor's property solely for the benefit of the minor. Consult your attorney if you have any questions.

These Letters of Testamentary Conservatorship empower the above testamentary conservator to hold, for the minor, only property which passed through the estate of _____, Deceased.

Given under my hand and official seal, the ____ day of _____, 20____.

Sarah S. Harris Probate Judge

NOTE: The following must be signed if the Judge does not sign the original of this document:

Issued by: _____ (Seal)

Clerk/Deputy Clerk of the Probate Court