**petition to Probate Will in Solemn Form**

instructions

1. Specific Instructions
2. 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.
3. 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.
4. Signatures of heirs who acknowledge service must be sworn to before 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 sworn to 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. §53-11-2 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.
6. 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. 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). Make appropriate changes in the order for notice, notice and certificate of service. If Petitioner requests personal service by registered, certified, or statutory overnight delivery with return receipt requested and with delivery restricted to the addressee only and that service is unsuccessful, service must be made pursuant to O.C.G.A. §53-11-3(a).
7. 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 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. §53-7-1. 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 statements 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.”

1. Paragraph 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. When a Testamentary Guardian is to be appointed, Supplement 5 (Testamentary Guardianship) should be included with this Petition and the Petitioner must provide full names and addresses for the minor children’s adult siblings and grandparents. If there are no living adult siblings or grandparents, the Petitioner must provide full names and addresses for the minor children’s great-grandparents, aunts, uncles, great-aunts, or great-uncles, if any such relatives exist. If the minor children shared the same parents, the Petitioner may complete one Supplement 5 for such similarly situated children. If the minor children did not share the same parents, a separate Supplement 5 must be filed for each minor.
2. According to Uniform 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 the notice in regards to Uniform Probate Court Rule 5.6 (A) are to be completed by the moving party, unless otherwise directed by the Court.
3. 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 *(name as it appears in will)* )**

**PETITION TO PROBATE WILL IN SOLEMN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | The Petition of |  | | | , |
|  | | | | (*name as it appears in will)* |  |
| 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 the Court the following: | | | | |  |

1.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | |  | , |
|  | *(name as it appears in will) 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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** (along with Codicil(s) dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**), which is herewith offered for probate in Solemn Form as the Decedent’s “Will”. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is/are named as the Executor(s).

3.

Listed below are all of the decedent's heirs at law, with age or majority status, address and relationship to the decedent 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 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, 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 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.*

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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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Court. The name and address of each Petitioner and the name and address of any 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 and attach Supplement 5 if you are seeking the appointment of a Testamentary Guardian)*

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

**\_\_\_\_\_\_\_** (a) The Will names a Testamentary Guardian and Supplement 5 is attached.

**\_\_\_\_\_\_\_** (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

|  |  |
| --- | --- |
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7.

Additional Data: *Where full particulars are lacking, state here the reasons for any such omission. If any executor nominated in the Will has a priority equal to or higher than the propounder but will not qualify, indicate the name and reasons.*

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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 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, BIBB 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 )**

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| **ACKNOWLEDGMENT OF SERVICE AND ASSENT TO PROBATE INSTANTER**  The undersigned, being 18 years of age or older, laboring under no legal disability and being an heir of the above-named decedent, hereby acknowledges service of a copy of Petition to Probate the Will in Solemn Form, purported Will, and notice, waives copies of same, waives further service and notice, and hereby assents 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  My Commission Expires **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Printed Name of Heir | |
| Sworn to and subscribed before  me this **\_\_\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_,** 20**\_\_\_\_\_.** | |  |  |
| Signature of Heir | |
|  |  |  |  |
| NOTARY/CLERK OF PROBATE COURT  My Commission Expires **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Printed Name of Heir | |
| Sworn to and subscribed before  me this **\_\_\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_,** 20**\_\_\_\_\_.** | |  |  |
| Signature of Heir | |
|  |  |  |  |
| NOTARY/CLERK OF PROBATE COURT  My Commission Expires **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Printed Name of Heir | |

**IN THE PROBATE COURT**

**COUNTY OF BIBB**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

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

**DECEASED )**

**TESTAMENTARY CONSERVATOR’S**

**CONSENT TO SERVE**

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

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

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| --- | --- | --- |
| Sworn to and subscribed before me this  **\_\_\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** 20**\_\_\_\_\_.** | |  |
| Testamentary Conservator |
|  |  |  |
| NOTARY/CLERK OF PROBATE COURT  My Commission Expires **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Printed Name |



|  |  |  |
| --- | --- | --- |
| Sworn to and subscribed before me this  **\_\_\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** 20**\_\_\_\_\_.** | |  |
| Testamentary Conservator |
|  |  |  |
| NOTARY/CLERK OF PROBATE COURT  My Commission Expires **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Printed Name |

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| **NOTICE:**  **THE FOLLOWING PAGES ARE TO BE COMPLETED BY THE PETITIONER (MOVING PARTY) UNLESS OTHERWISE DIRECTED BY THE COURT.**  **SEE UNIFORM 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 together with a copy of the Petition and purported Will (and Codicil(s)) shall be served personally, or by certified mail or statutory overnight delivery, as requested by the Petitioner pursuant to O.C.G.A. §53-11-3, 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):*

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

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**\_\_\_\_\_\_** 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:

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| --- |
| SO ORDERED this **\_\_\_\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_\_\_**. |

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|  |

Sarah S. Harris, Probate Judge

**IN THE PROBATE COURT**

**COUNTY OF BIBB**

**STATE OF GEORGIA**

**IN RE: ESTATE OF )**

**)**

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

**DECEASED )**

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| **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 who reside in Georgia to be served personally or by certified mail with restricted delivery to the addressee, if specifically requested by the Petitioner)*

This is to notify you who are required to be served personally, to file objection, if there is any, to the Petition to Probate Will in Solemn Form, in this Court on or before the tenth (10th) day after the date you are personally served or sign the 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 Petition to Probate Will in Solemn Form, 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.

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.

**BE NOTIFIED FURTHER:** All objections to the Petition must be in writing, setting forth the grounds of any such objections. All objections should be signed before a notary public or before a probate court clerk, and filing fees must be tendered with your 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 )**

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| **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 Petition to Probate Will in Solemn Form, 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 objections be signed before a notary public or before a probate court clerk, and filing fees should be tendered with your 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:  FOUR INSERTIONS  CHECK/MO NO. \_\_\_\_\_\_\_\_  ATTACHED FOR: **$85.00**  ATTORNEY:  **COURT REQUESTS AFFIDAVIT** | **Sarah S. Harris\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  PROBATE JUDGE  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 |

**PETITION TO PROBATE WILL IN SOLEMN FORMIN 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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (and Codicil(s) dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**) was/were propounded.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** was/were nominated Personal Representative(s) by the Testator. The Court finds that the Decedent died domiciled within, or domiciled outside the state of Georgia but 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/are established as the Last Will and Testament of the Decedent “the Decedent’s Will”; that the Will 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 Decedent’s Will and shall maintain all records of income and disbursements until discharged by Order of this Court.

IT IS FURTHER ORDERED *(initial if applicable)*

**\_\_\_\_\_\_** (a) An inventory shall be filed.

**\_\_\_\_\_\_** (b) Annual returns shall be filed.

**\_\_\_\_\_\_** (c) Letters of Testamentary Conservatorship shall issue to

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|  |

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

FILED

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

Date

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

Dep. Clerk

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|  |

Sarah S. Harris, Probate Judge

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

**IN RE: ESTATE OF )**

**)**

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

**DECEASED )**

**LETTERS TESTAMENTARY**

(Relieved of Filing Returns)

At a regular term of Probate Court, the Last Will and Testament dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and Codicil(s) dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** of the above named decedent, who was domiciled in this County at the time of his or her death or was domiciled in another state but owned property in this County at the time of his or her death, was legally proven in Solemn Form to be the Decedent’s Will 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 Executor(s), 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 Decedent’s Will and the law.

Given under my hand and official seal, the **\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_\_\_**.

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| --- | --- | --- | --- |
| *NOTE: The following must be signed if the*  *Judge does not sign the original of*  *this document:* | |  |  |
| Sarah S. Harris, Probate Judge |
|  |
|  |  | (Seal) | |
| Issued by: |  |
|  |  |
|  | |
| 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)

At a regular term of Probate Court, the Last Will and Testament dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and Codicil(s) dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** of the above named decedent, who was domiciled in this County at the time of his or her death or was domiciled in another state but owned property in this County at the time of his or her death, was legally proven in Solemn Form to be the Decedent’s Will 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 Executor(s), 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 Decedent’s Will and the law and is/are hereby required to render a true and correct inventory of all property, both real and personal, and any and all debts of the estate, and make a return of them to this Court, and further, to file a proper annual return or final return with this Court each year within sixty (60) days of the anniversary date of appointment until the Executorship is fully discharged.

Given under my hand and official seal, the **\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_\_\_**.

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| --- | --- | --- | --- |
| *NOTE: The following must be signed if the*  *Judge does not sign the original of*  *this document:* | |  |  |
| Sarah S. Harris, Probate Judge |
|  |
|  |  | (Seal) | |
| Issued by: |  |
|  |  |
|  | |
| 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 above-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 the said Deceased.**

Given under my hand and official seal, the **\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_\_\_**.

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| --- | --- | --- | --- |
| *NOTE: The following must be signed if the*  *Judge does not sign the original of*  *this document:* | |  |  |
| Sarah S. Harris, Probate Judge |
|  |
|  |  | (Seal) | |
| Issued by: |  |
|  |  |
|  | |
| Clerk/Deputy Clerk of the Probate Court | |