IN THE PROBATE COURT OF HOUSTON COUNTY STATE OF GEORGIA

					Estate Number:				
	Decea	sed.	<u>O.C.G.A. §</u>	52-5-9(h) Filing				
			<u> </u>	<u> </u>	<u>oj riinig</u>				
estate		erved the bene					ve-name	ed	
		Name			Date	Se	Service Type		
						Waiver	Mail :	Search	
1.									
2.									
3.									
4.									
5.									
Instru	uctions:								
1.		ch beneficiary i ore than 5 benef			-	method of se	ervice. (If	there	
2.		a copy of the w			. 0	ailed for eac	h benefi	ciary.	
		a copy of the re	-	_	•	_			
4.		do not know wh an Affidavit of 1	-	-	-	-	for them	and	
		is with the cour	-		,				
		<u>o each of these </u> 'estamentary sh			<u>ite you to appe</u>	ear and show	<u> cause w</u>	<u>ıhy</u>	
		day of							
		_ <u> </u>			- igned:				
					rinted name: _				

IN THE PROBATE COURT OF HOUSTON COUNTY STATE OF GEORGIA

Estate of:	Estate Number:
Deceased.	Estate Namber
O.C.G.A. §5	53-5-8(b) Notice
To Beneficiary:	
Name:	
Address:	
	ve-named beneficiary that the undersigned has f the above-named estate and may be contacted
Personal Representative Information #1:	
Name:	
Mailing Address:	
Phone Number:	
Personal Representative Information #2:	
Name:	
Mailing Address:	
Phone Number:	
Date:	_
	Signature of Personal Representative #1
	Signature of Personal Representative #2

IN THE PROBATE COURT OF HOUSTON COUNTY STATE OF GEORGIA

Estate of:			
	Estate Number:		
Deceased.			
WAIVE	R OF RIGHT		
TO NOTIFICATION OF ISSUA	NCE OF LETTERS TESTAMENTARY		
OR LETTERS OF ADMINISTRA	ATION WITH THE WILL ANNEXED		
PURSUANT TO	O.C.G.A. §53-5-8(b)		
and being a beneficiary of the above-referer of issuance of Letters Testamentary or Letters	age or older, laboring under no legal disability need estate, hereby waive my right to notification ters of Administration with the Will Annexed by amed estate pursuant to O.C.G.A. §53-5-8(b).		
Sworn to and subscribed before me this day of, 20	Signature of Beneficiary		
NOTARY/CLERK OF PROBATE COURT	Printed Name of Beneficiary		

My Commission Expires: _____