

IN THE PROBATE COURT OF CHATHAM COUNTY  
STATE OF GEORGIA

IN RE: Estate of	)	
	)	Estate No.
_____ ,	)	
Deceased.	)	

AFFIDAVIT OF \_\_\_\_\_

Personally appeared before me, an attesting officer duly authorized by law to administer oaths, the undersigned affiant who after being duly sworn, deposes and states as follows:

1.

My name is \_\_\_\_\_.

2.

I am over eighteen years of age and I am suffering under no legal disabilities.

3.

My relationship to the testator, \_\_\_\_\_, is \_\_\_\_\_ . I knew the testator for \_\_\_\_\_ years before his/her death on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

4.

I have seen the testator sign his/her name, I am familiar with his/her signature, and I have inspected a photocopy (attached to this affidavit) of the Last Will and Testament of the named testator, which is dated \_\_\_\_\_. The signature that appears on said will is that of the testator's. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5.

I further state that I am not a beneficiary of the said will and that this affidavit is given to aid the Probate Court in regards to the probate procedure for said will. I have not been promised any monetary benefit from the signing of this sworn statement.

6.

Additional Data: *[Where full particulars are lacking, state here the reasons for any such omission.]* \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Affiant

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Sworn to and subscribed before me, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_