HEIRS DETERMINATION WORKSHEET

A	Name of Decedent: Date of Death: County of Domicile: Address:						
B.	Name Addre	of Proposed Petitioner:					
3.	List o	of heirs (Spouse and Blood					
1.	(a)	Name of decedent's surviving spouse, if any (NOTE: Do not list a person from which the decedent was divorced at time of decedent's death):					
	(2)	If a person is named in (a) immediately above and that person has died since the decedent, show the date of death of the person named in 1(a):					
	(3)	(This question relates only to the right to serve as administrator.) If there was a surviving spouse who is still alive, was an action for divorce or separate maintenance pending between the decedent and the surviving spouse at the time of decedent's death?					
NOTE:		HERE WAS A SURVIVING DREN WHO SURVIVED		ERE ARE NO CHILDREN OU MAY STOP.	OR DESCENDANTS OF		
2.	(a)	Children of decedent bor	n in wedlock or legal	ly adopted by decedent:			
		Living Children		Deceas	sed Children		
Name	<u>}</u>		Age	<u>Name</u>	DOD		

(b) Children of decedent born out of wedlock: Living Children Deceased Children Name <u>DOD</u> Age Name NOTE: IF ALL OF THE CHILDREN OF DECEDENT ARE ALIVE, YOU MAY STOP. 3. Grandchildren of the decedent: Living Grandchildren Name Age Parent's Name Deceased Grandchildren Parent's Name Name DOD

NOTE: IF ALL OF THE GRANDCHILDREN OF THE DECEDENT ARE ALIVE, YOU MAY STOP.

4.	Great-grandchildren of the decedent:					
		Living C	3reat-g	grandchild		
Name		<u>Age</u>		Parent'	s Name	
			_			
			_			
			_			
			_			
			_			
			_	-		
		Decease	d Gre	at-grandc	hildren	
Name		DOD		Parent'	s Name	
			_			
			_			
			_			
			_	-		
			_	-		
NOIE:	IF ALL OF THE GREAT-GRANDCHI ARE ANY DECEASED GREAT-GRAN THEIR CHILDREN.					
5.	Mother and father of the decedent:					
	Name		Age		Date of Death, if Deceased	
Mother						
Wiother	:					
F 41						
Father:						
NOTE:	IF ANY PARENT IS ALIVE, YOU MA	AY STOP.				
6.	Brothers and Sisters of the Decedent:					
	Living Brothers and Sisters				Deceased Brothers and Sisters	
Name		Age		Name		DOD
			_			
			_			
			_	-		
			_			
			_			
			_			

 $\underline{\text{NOTE}}\textsc{:}$ IF ALL OF THE BROTHERS AND SISTERS OF THE DECEDENT ARE ALIVE, YOU MAY STOP.

Davised 02/22/01

	Living Nieces	s and Nephews		
Name	Age	Parent's Name		
N	Deceased Nieces and Nephews			
<u>Name</u>	DOD	Parent's Name		
NOTE: IF ALL OF THE NIECES AND	D NEPHEWS OF THE	DECEDENT ARE ALIVE, YOU MAY STOP.		
8. Great-nieces and nephews of th	e decedent:			
	Living great-nie	ces and nephews		
Name	<u>Age</u>	Parent's Name		

7.

Nieces and nephews of the decedent:

Deceased great-nieces and nephews

Name		<u>DOD</u>	Parent's Name				
<u>NOTE</u> :	IF ALL OF THE GREAT-NIECES AND STOP.) GREAT-NEPI	HEWS OF THE D	DECEDENT ARE ALIVE, YOU MAY			
9.	Grandparents of the decedent:						
	<u>Name</u>		Age	Date of Death, if Deceased			
Mother'	s Mother:						
Mother'	's Father:						
Father's	Mother::						
Father's	s Father:						
NOTE: IF ANY GRANDPARENT OF THE DECEDENT IS ALIVE, YOU MAY STOP. 10. Aunts and uncles of the decedent:							
Living aunts and uncles							
Name		<u>Age</u>	Parent's Name				

Deceased aunts and uncles DOD Name Parent's Name NOTE: IF ALL OF THE AUNTS AND UNCLES OF THE DECEDENT ARE ALIVE, YOU MAY STOP. 11. First Cousins of the decedent who are alive: Parent's Name Name Age NOTE: IF ANY FIRST COUSINS ARE ALIVE, YOU MAY STOP. 12. The more remote degrees of kinship are determined by counting the number of steps in the chain from the claimant to the closest common ancestor of the claimant and the decedent, and from said ancestor back to the decedent. The sum of the two chains is the degree of kinship. The surviving relatives who have the lowest sum are in the nearest degree and thus inherit the estate equally. Affiant acknowledges that this Affidavit is made under the provisions of O.C.G.A. § 7-1-239, and that this Affidavit will be relied upon by the above-named financial institution for the purpose of making payment to Affiant from deposits on hand of the above-named depositor.

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

Notary Public