

**AFFIDAVIT TO OBTAIN DECEASED DEPOSITOR'S BANK PROPERTY
(PURSUANT TO GA. CODE §§ 7-1-239)**

I, _____, of
(Claimant's full name)

(Claimant's residential address)

being duly sworn by oath, or by affirmation, state the following:

1. I am the (please check one of the following)
 - surviving spouse;
 - child, if no surviving spouse;
 - father or mother, if no surviving spouse and no child(ren); or
 - sibling, if no surviving spouse and no child(ren) and no parent(s), of

_____ (the "Decedent"), who is
(Decedent's full name)
now deceased, and who resided at

_____ at the time of
(Decedent's residential address)
his/her death. I am related to the Decedent as follows:

(state your relationship to the Decedent)

2. The Decedent died on _____ (insert date of death).
3. The Decedent died intestate, being that the Decedent died without having a valid will.
4. Letters testamentary or letters of administration have not been issued to a personal representative, and there is no pending court procedure governing administration of the Decedent's estate in Georgia or any other jurisdiction.

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5. The total value of all deposits the Decedent held at _____ (the "Bank"), in the aggregate, either (i) does not exceed Fifteen Thousand Dollars (\$15,000.00) as valued as of the date of death, or (ii) if it does exceed Fifteen Thousand Dollars (\$15,000.00), I understand that the Bank may only release up to Fifteen Thousand Dollars (\$15,000.00).
6. I, as surviving spouse/child/parent/sibling of the Decedent, am the proper relation to the Decedent, as specified above, and I am entitled to the payment or delivery of (enter amount) \$_____ up to Fifteen Thousand Dollars (\$15,000.00), and hereby request payment in the amount of the Decedent's account, being such portion or all of the property, as the case may be.
7. I have personal knowledge of the facts contained herein.
8. I know of no other corresponding claimant(s) to the Decedent's deposits held at the Bank.
9. I have presented a certified copy of the Decedent's death certificate to the Bank.
10. I, individually, and as Claimant (Affiant), state that this affidavit is made pursuant to the provisions of O.C.G.A. Section 7-1-239, the Bank may rely on this affidavit for purposed of making payment of the account to me, and I agree to indemnify the Bank and save it free and harmless from any and all claims, demands, expenses (including attorneys' fees and court costs), losses or damages the Bank may suffer resulting from any action taken or failure to act in connection with this Affidavit and with disbursing the funds to the Claimant (Affiant).

(Signature of Claimant)

(Printed name of Claimant)

