

INTESTATE ESTATE CHECK LIST

Surname: _____

County _____ State _____

NAME of DECEASED: _____

ADMINISTRATOR: _____

Date Appointed: _____ Book _____ Page _____ Date Dismissed: _____ Book _____ Page _____

Guardian's Bond(s) Date _____ Book _____ Page _____

Twelve Month's Support: Yes _____ No _____ Book _____ Page _____

Court Minutes: Date _____ Book _____ Page _____ Notes _____

Court Minutes: Date _____ Book _____ Page _____ Notes _____

Appraisal of Estate Date _____ Book _____ Page _____

Names of Appraisers _____

Inventory: Date _____ Book _____ Page _____

Estate Sale: Date _____ Book _____ Page _____

Names of major buyers of Estate _____

Returns: Date _____ Book _____ Page _____ Notes _____

Returns: Date _____ Book _____ Page _____ Notes _____

Heirs in Final Returns: _____

©10gph05

Researcher's Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Research Date _____

Research Location _____

Title (if publication) _____

Author _____ Page _____ Date Published _____

Microfilm: Box _____ Drawer _____



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East Georgia Genealogical Society
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