

WILL FOR INFORMATION ONLY

COUNTY OF COBB

STATE OF GEORGIA

The attached will was submitted by:

Informant: _____
 First Name Middle Last

Mailing Address: _____
 Street Address

 City State Zip Code

Telephone No.: _____

The informant was (*check one*):

_____ named as executor in the will.
_____ related to decedent as _____.
_____ other: _____.

Decedent: _____
 First Name Middle Last

Address: _____
 Street Address

 City State Zip Code

Date of Death: _____, _____. Proof of death is attached.

Date

Signature of Informant

Please complete the form by typing or printing legibly in black ink.