

# INSTRUCTIONS & AFFIDAVIT FOR OBTAINING DECEASED DEPOSITOR'S FUNDS

## Definitions –

**Claimant:** Person completing the affidavit: (1) the relative or (2) the funeral home representative or (3) the entity claiming funds for the expenses of last illness

**Relative:** One of the named relatives allowed to claim the funds under the law (i.e., surviving spouse; child; father; mother; brother; sister)

**Funeral Home/Facility/Entity:** The funeral home or other entity claiming the funds if a family member does not file an affidavit within 45 days.

## Accessing Funds After a Loved One Dies

When a person dies without a will and has money in the bank of not more than \$15,000, that bank, after receiving an affidavit, is legally authorized to pay the proceeds of that deposit directly to the following individuals, in this order:

- (1) To the surviving spouse, if there is one;
- (2) If there is no surviving spouse, then to the children pro rata (equally);
- (3) If there are no children or there is no surviving spouse, to the father and mother pro rata (equally); or
- (4) If none of the above, then to the brothers and sisters of the decedent pro rata (equally).

## Requirements of the Affidavit

The affidavit shall state the following:

- that the individuals qualify as the proper relation to the decedent as required by law;
- there is no known will of the decedent; and,
- there are no other known corresponding claimant or claimants to such deposit.

## When No Family Timely Claims the Depositor's Funds

If no application for the deposit is made by any person named above within 45 days from the death of the intestate depositor, the financial institution shall be authorized to apply up to \$15,000 of the deposit of such deceased depositor to

pay for the funeral expenses and expenses of the last illness of such deceased depositor upon

- receiving itemized statements of the expenses, and
- the affidavit of the provider(s) of such services
  - stating that the itemized statements are true and correct
  - and that the expenses have not been paid.

The financial institution shall pay such expenses in the order received after the death of the depositor.

### **Checks/Other Instruments Received After the Death of a Depositor**

Whenever any person dies intestate having possession of or a right to possession of a check or other instrument payable to such deceased person, and the amount of the check or instrument does not exceed \$15,000, the financial institution on which the check or instrument is drawn shall be authorized to accept and redeem the check or instrument by payment to the following persons:

- (1) To the surviving spouse;
- (2) If no surviving spouse, to the children pro rata;
- (3) If no children or surviving spouse, to the father and mother pro rata; or
- (4) If none of the above, then to the brothers and sisters of the decedent pro rata.

### **Financial Institutions' Reliance on the Affidavit**

Financial institutions may rely on a properly executed affidavit in disbursing funds in accordance with O.C.G.A. §7-1-239.



**Georgia Department  
of Human Services**

State of Georgia  
County of \_\_\_\_\_

### STATUTORY AFFIDAVIT FORM

I, \_\_\_\_\_, hereby attest that I am  
**(Claimant)**

Related to the deceased as his/her \_\_\_\_\_,  
**(Relative)**

I am qualified as a proper relation to the decedent as required by law.  
I know of no will of the decedent.  
I know of no other corresponding claimant or claimants to such deposit.

From \_\_\_\_\_  
**(Funeral Home/Facility/Entity)**

- There is no known will of the Deceased.
- There is no known potential recipient of the Deceased's deposits.
- The Claimant also attests that funeral expenses or expenses of the last illness in the amount of \$ \_\_\_\_\_ were incurred related to the Deceased and that true and correct copies of the itemized receipts fully supporting such amount are attached to this affidavit.
- Finally, the Claimant further attests that such expenses have not been paid as of the date of execution of this affidavit.

And, the Claimant further attests that \_\_\_\_\_  
**(Deceased)**

died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

On information and belief, the Deceased has funds on deposit with

\_\_\_\_\_  
**(Financial Institution)**

Under O.C.G.A. § 7-1-239, such Financial Institution is authorized to pay the proceeds of the Deceased's deposits, but in no event more than \$15,000, directly to the following persons identified, collectively, as potential recipient(s):

- To the surviving spouse;
- If no surviving spouse, to the children pro rata;
- If no children or surviving spouse, to the father and mother pro rata; or
- If none of the above, then to the brothers and sisters of the decedent pro rata.

Except as provided for by Article 8 in Title 7 of the O.C.G.A., if no request for the Deceased's deposit is made by a potential recipient(s) within 45 days from the Deceased's death, the Financial Institution is authorized to release up to \$15,000 for funeral expenses and expenses of the last illness of the Deceased upon the receipt of itemized statements of such expenses and this executed attestation.

The Claimant attests that there is no known will of the Deceased and there is no known potential recipient of the Deceased's deposits. The Claimant also attests that funeral expenses or expenses of the last illness in the amount of \$ \_\_\_\_\_ were incurred related to the Deceased and that true and correct copies of the itemized receipts fully supporting such amount are attached to this affidavit. Finally, the Claimant further attests that such expenses have not been paid as of the date of execution of this affidavit.

Pursuant to O.C.G.A. § 7-1-239, the Claimant submits this form in order to receive payment in the amount of \$ \_\_\_\_\_ (shall not exceed \$15,000.00) for outstanding funeral expenses or expenses of the last illness of the Deceased.

\_\_\_\_\_  
Signature of Claimant

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

\_\_\_\_\_  
Notary public (SEAL)

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