

GUIDELINES TO FILE FOR PROBATE OF WILL

IN ORDER TO FILE FOR PROBATE OF WILL, THE COURT NEEDS THE FOLLOWING:

- 1) Original Will
 - 2) Petition to Probate Will
 - 3) Waivers from next of kin
 - 4) Certified copy of Death Certificate
 - 5) **\$141.00 Filing Fee** (If the will is 5 pages or less and you have all waivers)
(We accept cash, money order and credit/debit cards.) **NO PERSONAL CHECKS ACCEPTED**
- ✓ Filing fee includes \$45.00 for Court Cost and \$96.00 for Notice to Creditors.
 - ✓ If the Will is more than five (5) pages, please add an additional \$1.50 for each page of the Will after the five.
 - ✓ In addition, if notice has to be given or a Guardian Ad Litem appointed, there will be additional costs that are assessed the day of the hearing to probate the Will.

NOTE: There may be other documents or additional costs that are required depending on the situation, such as renunciation, bond, etc.

These forms are not always appropriate for ALL Probate of Wills.

The Court may require you to hire an attorney in some cases. **Please contact this office for more information at (334) 832-1244 or (334) 832-7729.**

**PROBATE JUDGE
P. O. Box 223
Montgomery, AL 36101-0223
(334) 832-1244 OR (334) 832-7729**

If you wish to download our forms go to www.mc-ala.org/probate .

PETITION FOR PROBATE OF WILL

STATE OF ALABAMA
MONTGOMERY COUNTY

PROBATE COURT
CASE NO. _____ - _____

To the Honorable Judge of Probate Court, Montgomery County:

PETITION OF _____ for the Probate of the Will of the deceased,
(Name as listed on will) _____ and
(Name listed on death certificate, if different) _____.

The petitioner respectfully represents unto your Honor that the deceased who was at the time of his/her death, an inhabitant of _____ County, _____ State departed this life on or about the _____ day of _____, _____ leaving assets in this State, and leaving a Last Will and Testament duly signed and published by him/her and witnessed by _____ and _____.

Your petitioner herewith propounds said will, in which he/she is named Personal Representative. Petitioner represents that the **name(s), age(s), relationship(s) and address(es) of the widow(er) and next of kin of the decedent** so far as your petitioner knows or believes, are as follows, to-wit: (If additional space is needed, please attach separate sheet)

Marital Status of Decedent (CHECK ONE) _____ Single _____ Married _____ Widow(er) _____ Divorced _____ Common Law

Widow(er) (If not applicable, please state N/A)

Widow(er) Name _____ **Age** _____

(Please check one) _____ Competent _____ Incompetent _____ Competency Unknown

Address _____

Other next of kin:

Name _____ Age _____ Relationship _____

(Please check one) _____ Competent _____ Incompetent _____ Competency Unknown

Address _____

Name _____ Age _____ Relationship _____

(Please check one) _____ Competent _____ Incompetent _____ Competency Unknown

Address _____

Name _____ Age _____ Relationship _____

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Name _____ Age _____ Relationship _____

(Please check one) _____ Competent _____ Incompetent _____ Competency Unknown

Address _____

Name _____ Age _____ Relationship _____

(Please check one) _____ Competent _____ Incompetent _____ Competency Unknown

Address _____

That said widow(er) and all of the next of kin are of sound mind and over the age of 19 years unless otherwise stated above. If waivers for the above are not included with this petition, your petitioner prays that a date be set for the hearing of this application, that due notice thereof may be given to said persons, that a guardian ad litem may be appointed to represent any minors or incompetent persons, and that said attesting witnesses may be subpoenaed to appear and testify on said appointed day; and that such other proceedings, orders and decrees may be had and made in the premises as necessary, to affect the due probate and record of said will.

Petitioner further prays that Letters Testamentary issue forthwith to him/her with or without bond, as provided in said will.

STATE OF _____
_____ **COUNTY**

_____, the **Petitioner**, being duly sworn deposes and says that the facts averred in the above petition are true, according to the best of my knowledge, information and belief.

Address: _____

PETITIONER

Phone: _____

Subscribed and sworn before me, this _____ **day of** _____.

{SEAL}

NOTARY PUBLIC

Attorney for Petitioner: _____, Phone: _____

Address:
