

INSTRUCTIONS – NOTICE OF PROBATE

This packet applies to every post-death estate.

Alabama law (Act 2019-489) requires the personal representative or person filing the small estate case to provide notice of the estate to the Alabama Medicaid Agency. Please follow the instructions below to provide the notice.

1. Fill out the “Notice of Probate” form.
2. Make a copy of the form.
3. Fill out a United States Postal Service Return Receipt (green card). The Return Receipt (green card) is available at the post office.

A. In the box labeled, “1. Article Addressed to:” write.

Alabama Medicaid Agency
Attn: Estate Notice Office
P.O. Box 5624
Montgomery, AL 36103-5624

B. Write the probate case number in the box labeled, “1. Article Addressed to:”.

C. In the box labeled “3. Service Type” select “Certified Mail®” and “Return Receipt for Merchandise.”

D. On the back of the Return Receipt, write the probate court address in the box labeled “Sender”. Write the probate court address in this box so the Return Receipt is returned to the probate court.

4. Mail the original “Notice of Probate” to the Alabama Medicaid Agency at the address in step 3.A. Make sure the Return Receipt is attached to the envelope and proper postage is paid.
5. Fill out the “Affidavit of Certified Mailing.” Write the Certified Mail tracking number and the copy of the “Notice of Probate” form.
6. File the “Affidavit of Certified Mailing” with the probate court with a copy of the “Notice of Probate” attached.

NOTICE OF PROBATE

INFORMATION ABOUT THE DECEASED PERSON		
Full Legal Name		
Date of Birth	Date of Death	Social Security Number
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single		
INFORMATION ABOUT THE SPOUSE OF THE DECEASED PERSON (complete even if marital status is "Divorced" or "Widow/Widower")		
Spouse's (former spouse's) Full Legal Name		
Spouse's (former spouse's) Address		Spouse's (former spouse's) Phone Number
INFORMATION ABOUT THE PROBATE COURT CASE		
County Where the Case was Filed	Probate Case Number	
Type of Probate Case	Date Petition Filed or Letters Granted	
INFORMATION ABOUT THE PERSON COMPLETING THIS FORM		
Full Legal Name		Phone Number
Address		

IN THE PROBATE COURT OF _____ COUNTY, ALABAMA
(county)

IN RE: THE ESTATE OF _____)
)
)
) CASE NO.: _____
(name of the deceased))
)
)
DECEASED,)

AFFIDAVIT OF CERTIFIED MAILING OF NOTICE OF PROBATE

I, _____, do say and verify that on _____ I personally
(name) (date)
mailed the attached Notice of Probate by United States Postal Service Certified Mail, return
receipt requested. The Notice of Probate was mailed to the following address:

Alabama Medicaid Agency
ATTN: Estate Notice Office
P.O. Box 5624
Montgomery, AL 36103-5624

The certified mail tracking number is: _____. I have
attached a copy of the Notice of Probate to this affidavit.

(signature)

(printed name)

STATE OF ALABAMA)
)
_____ COUNTY)

I, _____, a notary, hereby certify that _____,
whose name is signed to the foregoing Affidavit of Certified Mailing of Notice of Probate, and
who is known to me, acknowledged before me on this day that he/she affirms that the statements
above are true and correct.

Given under my hand on this the _____ day of _____, 20__.

(seal)

Notary Public