

**Georgia Department of Human Services  
Division Of Family and Children Services  
Property Record Search**

Date \_\_\_\_\_

Case Worker Name \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

The below-named person has applied for medical assistance in Georgia. Prior to living here, he/she resided in your city/county/state. We request your assistance in checking property records. Please review the current County Tax Digest and Grantee/Grantor Index for the past 60 months. There is space provided on the bottom of this letter to record information. We would appreciate photocopies of any documents found, especially those which show that property has been transferred from our applicant to someone else.

Please return this letter and any enclosures to the case worker listed at the top of this page. Thank you in advance for your timely response.

**Section A: Applicant/Recipient (A/R) Information (To be completed by DFCS)**

A/R Name \_\_\_\_\_ Alias/Former Name \_\_\_\_\_

Spouse(s) Name(s) \_\_\_\_\_

Parents Names \_\_\_\_\_

Spouse(s) Parents' Names \_\_\_\_\_

Do Probate records need to be checked \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide name(s) & date(s) of death \_\_\_\_\_

Do Divorce records need to be checked \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide name(s) & date(s) of divorce \_\_\_\_\_

County(ies) of property to be checked \_\_\_\_\_

Property Address (current & previous) (Street number & name, City, State, Zip)

\_\_\_\_\_

\_\_\_\_\_

**Section B: Property Information (To be completed by Receiving Agency)**

Is the above-named listed in the current tax digest? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details below.

Name(s) of owner	Map #	Parcel #	100% Fair Market Value

Please provide results of **Grantee/Grantor** book check below.

Grantee Index Search Dates From \_\_\_\_\_ To \_\_\_\_\_  
 Grantor Index Search Dates From \_\_\_\_\_ To \_\_\_\_\_

Deed Book #	Page #	Date

Please provide information on **probate records** below.

Name	Comments

Please provide information on **divorce records** below.

Name	Comments

**Completed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number