

**STATE OF NORTH CAROLINA**

File No.

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

\_\_\_\_\_ County

**IN THE MATTER OF THE ESTATE OF**

Name Of Decedent

**DEFICIENCY JUDGMENT**  
**(For Decedents Dying On Or Before Feb. 29, 2024)**

G.S. 30-16, 30-20

The undersigned Clerk of Superior Court finds that a year's allowance has been made for the benefit of the spouse or child(ren) of the deceased as provided by law; that the assignment and allotment of specific personal property is insufficient to satisfy the total allowance, and there is a deficiency.

It is ORDERED and ADJUDGED that the applicant named below have and recover of the personal representative, if applicable, or the estate, the amount of the deficiency indicated below to be paid when a sufficiency of personal property shall come into the hands of the personal representative or the estate.

Name Of Applicant

Date

Total Amount Allowed

\$

Signature

Amount Of Deficiency

\$

Assistant CSC  Clerk Of Superior Court

Deficiency existing in the total amount of \$ \_\_\_\_\_ is hereby being partially filled by  
assigning \_\_\_\_\_  
\_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
to \_\_\_\_\_.

CLOCK STAMP

Amount Of Deficiency

\$

Date

Signature

Assistant CSC  
 Clerk Of Superior Court

Deficiency existing in the total amount of \$ \_\_\_\_\_ is hereby being partially filled by  
assigning \_\_\_\_\_  
\_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
to \_\_\_\_\_.

CLOCK STAMP

Amount Of Deficiency

\$

Date

Signature

Assistant CSC  
 Clerk Of Superior Court

Deficiency existing in the total amount of \$ \_\_\_\_\_ is hereby being partially filled by  
assigning \_\_\_\_\_  
\_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
to \_\_\_\_\_.

CLOCK STAMP

Amount Of Deficiency

\$

Date

Signature

Assistant CSC  
 Clerk Of Superior Court

Deficiency existing in the total amount of \$ \_\_\_\_\_ is hereby being partially filled by  
 assigning \_\_\_\_\_  
 \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
 to \_\_\_\_\_.

CLOCK STAMP

Amount Of Deficiency \$	Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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Deficiency existing in the total amount of \$ \_\_\_\_\_ is hereby being partially filled by  
 assigning \_\_\_\_\_  
 \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
 to \_\_\_\_\_.

CLOCK STAMP

Amount Of Deficiency \$	Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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Deficiency existing in the total amount of \$ \_\_\_\_\_ is hereby being partially filled by  
 assigning \_\_\_\_\_  
 \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
 to \_\_\_\_\_.

CLOCK STAMP

Amount Of Deficiency \$	Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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Deficiency existing in the total amount of \$ \_\_\_\_\_ is hereby being partially filled by  
 assigning \_\_\_\_\_  
 \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
 to \_\_\_\_\_.

CLOCK STAMP

Amount Of Deficiency \$	Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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**CERTIFICATION**

I hereby certify that the foregoing is a true and correct copy of the Deficiency Judgment regarding the Assignment of Year's Allowance in the matter of the above referenced estate, as the same is taken from the original on file and recorded in this office, and is sufficient to release the items listed as assigned to the surviving spouse or children of the deceased as provided under G.S. 30-15, 30-17, and 30-21.

Date	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Clerk Of Superior Court	<input type="checkbox"/> Assistant CSC
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**SEAL**