

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

AFFIDAVIT FOR COLLECTION OF
PERSONAL PROPERTY OF DECEDENT
(For Decedents Dying On Or Before Dec. 31, 2011)

INTESTATE TESTATE

G.S. 28A-25-1; 28A-25-1.1

Name, Street Address, City, State, And Zip Code Of Decedent

County Of Domicile At Time Of Death

Date Of Death

Date Of Will

Place Of Death (if different from County Of Domicile)

Name, Street Address, PO Box, City, State And Zip Code Of Affiant 1

Name, Street Address, PO Box, City, State And Zip Code Of Affiant 2

Legal Residence (County, State)

Legal Residence (County, State)

Name, Street Address, PO Box, City, State And Zip Code Of Attorney

Attorney Bar No.

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

No Yes: (explain)

I, the undersigned affiant, being first duly sworn, say that:

- 1. I am an heir, an executor named in the will, a devisee named in the will, the public administrator, a creditor of the decedent, and I am not disqualified under G.S. 28A-4-2.
2. At least thirty (30) days have passed since the date of the decedent's death.
3. The decedent died intestate. testate.
4. (a) The decedent died on or before 9/30/09 and the value of all personal property owned by the decedent less liens and encumbrances thereon, does not exceed \$10,000.
(b) I am the surviving spouse and sole heir/devisee of the decedent, the decedent died on or before 9/30/09, and the value of all personal property, less liens and encumbrances thereon, does not exceed \$20,000.
(c) The decedent died on or after 10/1/09 and the value of all personal property owned by the decedent less liens and encumbrances thereon, does not exceed \$20,000.
(d) I am the surviving spouse and sole heir devisee of the decedent, the decedent died on or after 10/1/09, and the value of all personal property, less liens and encumbrances thereon, does not exceed \$30,000.
5. (Check if decedent died testate.) Decedent's will dated as shown above has been probated in each county in which is located any real property owned by the decedent as of the date of death; and a certified copy of the decedent's will is attached to this Affidavit.
6. No application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction.
7. After diligent inquiry, I have determined that the persons listed below are all the persons entitled to share in the decedent's estate. (If there is a court-appointed guardian for any such person(s), list the guardian's name and address on an attachment.)

Table with 4 columns: Name, Age, Relationship, Mailing Address

Original - File Copy - Fiduciary Copy - Clerk mails copy to each person listed as entitled to share in the decedent's estate (Over)

**PRELIMINARY INVENTORY**

(Give values as of date of decedent's death. Continue on separate attachment if necessary.)

**PART I. PROPERTY OF THE ESTATE**

Table with 13 rows for property categories (Accounts, Joint accounts, Stocks/bonds, Cash, Household furnishings, Farm products, Vehicles, Interests, Insurance, Notes, Miscellaneous, Real estate, Estimated annual income) and a total row. Includes 'Est. Market Value' column and a '\$' symbol.

**PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS**

Table with 4 rows for property categories (Joint accounts, Stocks/bonds, Other personal property, Real estate) and a total row. Includes a '\$' symbol.

**PART III. OTHER PROPERTY**

Table with 2 rows for other property (Entireties real estate, Insurance, Retirement Plans, IRAs, annuities, etc., payable to named beneficiaries).

Signature Of Collector By Affidavit 1 | Signature Of Collector By Affidavit 2

Name (type or print) | Name (type or print)

**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

Date | Signature Of Person Authorized To Administer Oaths | Date | Signature Of Person Authorized To Administer Oaths

Deputy CSC | Assistant CSC | Clerk Of Superior Court | Deputy CSC | Assistant CSC | Clerk Of Superior Court

Notary | Date Commission Expires | Notary | Date Commission Expires

SEAL | County Where Notarized | SEAL | County Where Notarized

**CERTIFICATION**

I certify that the foregoing is a true and accurate copy as taken from and compared with the original on record in this office.

Date | Signature | Deputy CSC | Assistant CSC | Clerk Of Superior Court | SEAL

NOTE: This Affidavit For Collection Of Personal Property Of Decedent authorizes the named collector by affidavit to receive and administer ALL of the personal property belonging to the named decedent pursuant to G.S. Chapter 28A, Article 25.