STATE OF NORTH CAROLINA					File No.		
County					In The General Court Of Justice Superior Court Division Before The Clerk		
IN THE N	MATTER	OF THE ADMINISTRA	ATIO	N OF A TRUST			
Under The Last Will And Testament Of					APPLICATION FOR LETTERS		
Title Of Trust, If Named In The Will			☐ Not Applicable		OF TR	RUSTEESHIP UNDER WIL	L
Estate File No	o. And County	Of Probate					6.S. 36C-2-209
Name And Ad	ldress Of App	olicant 1			Name And Address Of Ap		.3. 300-2-209
Felephone Number Of Applicant 1					Telephone Number Of Applicant 2		
Name And Address Of Attorney					Attorney Bar No.		
					Telephone Number		
	age Court In		Victim,	, Or Witness? (If Yes, ide	 entify person(s) and languag	e(s). Interpreters provided for all court proceed	ngs at no cost.)
I, the und	ersigned,	applying for letters of trus	tees	hip in the above es	tate, being first duly s	sworn, say that:	
		nd Testament of the dece created by such will and/o			d to probate and reco	rded, and the applicant is entitled to	administer
2. I am r	not disqua	ified under the provisions	of G	S.S. 28A-4-2 to adn	ninister this trust and	have not renounced my right to do	6O;
		be determined at the presperty is as follows:	sent	time, the value of tl	ne real estate, the pe	rsonal property and the average and	iual income
Value Of Real Estate			Value Of Personal Property \$			Total Average Annual Income	
4. The n	ames, dat	es of birth and addresses	of th	ne beneficiaries of	this trust estate are a	s follows:	
		NAME		DATE OF BIRTH		ADDRESS	
Signature Of Applicant 1					Signature Of Applicant 2		
SWORN	/AFFIRM	ED AND SUBSCRIBE	D T	O BEFORE ME	SWORN/AFFIRM	MED AND SUBSCRIBED TO BE	FORE ME
Date		Signature Of Person Authorized To Administer Oaths			Date	Signature Of Person Authorized To Administ	er Oaths
Dep	outy CSC	Assistant CSC	Clerk	Of Superior Court	Deputy CSC	Assistant CSC Clerk Of Sup	erior Court
Notary	Date My Co	mmission Expires			Date My Commission Exp	pires	☐ Notary
SEAL	County Whe	re Notarized			County Where Notarized		SEAL