

# 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

## APPLICATION FOR LETTERS OF

Name And Address Of Incompetent Person

- GUARDIANSHIP OF THE ESTATE
- LIMITED GUARDIANSHIP OF THE ESTATE
- GUARDIANSHIP OF THE PERSON
- LIMITED GUARDIANSHIP OF THE PERSON
- GENERAL GUARDIANSHIP
- LIMITED GENERAL GUARDIANSHIP
- TEMPORARY GUARDIANSHIP

## FOR AN INCOMPETENT PERSON

G.S. 35A-1121, -1210, -1212, -1215

County Of Residence

Date Of Adjudication Of Incompetence

County Of Adjudication

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

File Or Other ID No. Of Incompetence Proceeding

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

County Of Residence Of Applicant 1

Applicant(s) Relationship Or Interest In Proceeding

County Of Residence Of Applicant 2

Name And Address Of Attorney For Applicant(s)

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)

The undersigned applies to be appointed guardian(s) for the incompetent person named above, to serve in the capacity indicated, and to be issued letters of appointment in this estate.

1. The incompetent person was so adjudicated on the date and in the proceeding identified above.
2. A statement of the assets and liabilities of the incompetent person, including any income and receivables to which the incompetent is entitled, is set forth on the reverse side of this Application. (Not necessary if applying for guardianship of the person only.)
3. **I hereby acknowledge receipt of AOC-SP-850, "Responsibilities Of Guardians In North Carolina" or I acknowledge that said pamphlet is available online at [www.nccourts.gov/documents/forms](http://www.nccourts.gov/documents/forms) and I further acknowledge that I am required to comply with said responsibilities and to manage the guardianship estate in accordance with North Carolina law.**
4. Other: (Give any other information requested by Clerk.)

5. By signing below, the undersigned agrees that the information in this filing is true to the best of his or her knowledge, information, or belief. The undersigned understands that, in some circumstances, persons who make false filings can be subject to legal penalties sanctions and, depending on the situation, may be charged with a crime.

Date

Signature Of Applicant 1

Date

Signature Of Applicant 2

Original - File      Copy - Applicant  
(Over)

**PART I. PRELIMINARY INVENTORY OF THE INCOMPETENT'S ESTATE**

Description		Estimated Value
1. Cash and undeposited checks on hand		\$
2. Accounts ( <i>List bank, etc., account type, and balance. Do <u>not</u> list account nos.</i> )		
_____		
_____		
_____		
3. Stocks/bonds/securities		
4. Notes, judgments, and other debts due		
5. Household furnishings		
6. Vehicles		
7. Interests in partnership or sole proprietor businesses		
8. Farm products, livestock, equipment, and tools		
9. Miscellaneous personal property		
10. Estimated Annual Income		
Wages, salaries, etc. ( <i>per year</i> ) .....	\$	
Rental income ( <i>per year</i> ) .....	\$	
Other investment income ( <i>per year</i> ) .....	\$	
Annuity, pension or retirement benefits, Social Security, Disability or other compensation, insurance proceeds, injury settlement or other periodic payments ( <i>per year</i> ) .....	\$	
<b>Subtotal of Line 10</b>		\$
11. Other		
<b>TOTAL PART I</b> ( <i>Base bond on this amount.</i> )		\$

**PART II. OTHER PROPERTY**

Description		
1. Interests in real estate		\$
2. Right of action for injury, etc. ( <b>NOTE:</b> <i>Increase bond before receipt.</i> )		
3. Trust income NOT administered or received by guardian		
4. Other resources available for support of incompetent, NOT administered or received by guardian ( <i>Attach itemized list.</i> )		
<b>TOTAL PART II</b>		\$

Major medical or similar insurance is in effect through  
 (*Name Of Insurer*) \_\_\_\_\_ (*Policy No.*) \_\_\_\_\_  
 Soc. Sec. Payee, VA Guardian, Attorney-in-fact, etc. (*Name*) \_\_\_\_\_  
 Living Will, Health Care P.O.A., etc. (*Health Care Agent*) \_\_\_\_\_

**PART III. LIABILITIES**

Description		
1. Mortgage loans		\$
2. Other secured loans or obligations		
3. Unsecured obligations		
<b>TOTAL PART III</b>		\$