

# STATE OF NORTH CAROLINA

File No.

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

\_\_\_\_\_ County

## APPLICATION FOR ADMINISTRATION BY CLERK (Not To Exceed \$5,000)

G.S. 28A-25-6

<b>IN THE MATTER OF THE ESTATE OF</b>		<b>APPLICATION FOR ADMINISTRATION BY CLERK (Not To Exceed \$5,000)</b>  G.S. 28A-25-6
Name Of Decedent		
Date Of Death	Will <input type="checkbox"/> Yes <input type="checkbox"/> No	
County Of Domicile At Date Of Death		
Name And Address Of Applicant		
Relationship Of Applicant To Decedent		Marital Status Of Decedent <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single/Widow(er)
		Has a year's allowance (to a spouse and/or eligible children of the decedent) been allotted? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Name And Address Of Surviving Spouse

Heirs	Age	Relationship	Mailing Address

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)

### APPLICATION

The undersigned applicant, pursuant to G.S. 28A-25-6, shows the Court that the person/entity named below is indebted to the above-named decedent. No administrator has been appointed and the amount owed the decedent does not exceed \$5,000.00 and would not make the aggregate sum which has previously come into the Clerk's hands exceed the sum of \$5,000.00. The applicant requests the Clerk to authorize all funds held by the person or entity named below be paid to and administered by the Clerk.

### ASSETS

Bank Accounts (List bank, etc., account type, and balance. Do not list account nos.)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

	<b>FUNERAL EXPENSES</b>	
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Name And Address Of Funeral Home	Telephone Number Of Funeral Home	Tax ID No.
	Total Funeral Expenses \$	Amount Paid \$
		Balance Due \$

**Persons Who Paid Any Part Of Funeral Expenses** (Name, Address, and Amount Paid - provide documentation)

Name	Address	Amount
		\$
		\$
		\$
		\$
<b>TOTAL</b> ▶		\$

**NOTE TO APPLICANT:** An heir, creditor, or person paying any part of the funeral expenses may complete and file form AOC-G-120 in order to make certification as to that person's identity (including Tax ID/Social Security number) and to provide notice of deposit on a form that is not to be placed in the public file.

	<b>OTHER DEBTS</b>	
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**Name, Address, And Tax ID Number Of Creditors**

Name	Address	Tax ID No.	Amount
			\$
			\$
			\$
			\$
<b>TOTAL</b> ▶			\$

	<b>APPLICANT'S SIGNATURE</b>	
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I agree that the information in this filing is true to the best of my knowledge, information, or belief. I understand that, in some circumstances, persons who make false filings can be subject to legal penalties or sanctions and, depending on the situation, may be charged with a crime.

Date	Signature Of Applicant
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**NOTE TO CLERK:** Use AOC-E-431 to authorize payment of funds to the clerk.