## File No. STATE OF NORTH CAROLINA In The General Court Of Justice County Superior Court Division Before the Clerk IN THE MATTER OF THE ESTATE OF **APPLICATION FOR** Name Of Decedent ADMINISTRATION BY CLERK (Not To Exceed \$5,000) Date Of Death Yes Will No G.S. 28A-25-6 Marital Status Of Decedent County Of Domicile At Date Of Death Married Separated Divorced Single/Widow(er) Name And Address Of Applicant Has a year's allowance (to a spouse and/or Yes No eligible children of the decedent) been allotted? Name And Address Of Surviving Spouse Relationship Of Applicant To Decedent 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, except as otherwise provided in G.S. 90-210.64(d), does not exceed \$5,000.00 and, except as otherwise provided in G.S. 90-210.64(d), 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 \$ \$ \$ \$ **Uncashed Checks Amount** \$ \$ \$ \$ \$ \$ \$ \$ **TOTAL** \$ (Over)

AOC-E-432, Rev. 7/24, © 2024 Administrative Office of the Courts

		FUNERAL EXPENS	ES 📗			
me And Address Of Funeral Home		Telephone N	Telephone Number Of Funeral Home			Tax ID No.
		Total Funera	al Expenses	Amount Paid		Balance Due
		\$		\$		\$
Persons Who Pai	d Any Part Of Fune	eral Expenses (Name, Add	dress, and A	mount Paid - prov	ride doc	umentation)
Name	Address				Amount	
					\$	
					\$	
					\$	
					\$	
	make certification as	paying any part of the fund s to that person's identity that is not to be placed in t	(including 7	Tax ID/Social Se		
order to	make certification as	s to that person's identity	(including 7	es may complei Fax ID/Social Se	te and	
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order to	make certification as deposit on a form th	s to that person's identity hat is not to be placed in t OTHER DEBTS	(including T	es may complei Tax ID/Social Se le.	te and	
order to a notice of	make certification as deposit on a form th	s to that person's identity hat is not to be placed in t OTHER DEBTS dress, And Tax ID Numb	(including T	es may complet Fax ID/Social Se le.	te and	number) and to prov
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order to a notice of	make certification as deposit on a form the Name, Add	or to that person's identity that is not to be placed in the other DEBTS dress, And Tax ID Number Address  APPLICANT'S SIGNATION TO MANAGE TO MANA	cer Of Crec	es may complet Tax ID/Social Se le.  Iitors Tax ID No.  TOTAL  r belief. I unders	\$ \$ \$ \$ \$ \$ \$ \$ \$	Amount  Amount

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