

(TYPE OR PRINT IN BLACK INK)

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:

Name And Address Of Decedent

AFFIDAVIT FOR COLLECTION OF
PERSONAL PROPERTY OF DECEDENT

INTESTATE TESTATE

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

Social Security No.

County Of Domicile At Time Of Death

Date Of Death

Place Of Death (If Different From County Of Domicile)

Name And Mailing Address Of Affiant

Name And Mailing Address Of Co-affiant

Telephone No.

Telephone No.

Legal Residence (County, State)

Legal Residence (County, State)

Name And Mailing Address Of Attorney

Attorney Bar No.

Telephone No.

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. 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 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, and the value of all personal property, less liens and encumbrances thereon, does not exceed \$20,000.

5. (Check if decedent died testate.) Decedent's will dated as shown below has been probated in each county in which is located any real property owned by the decedent at this time; and a certified copy of the decedent's will is attached to this Affidavit.

Date Of Will

- 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

**PRELIMINARY INVENTORY**

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

**PART I. PROPERTY OF THE ESTATE**

	Est. Market Value
1. Accounts in sole name of decedent <i>(List bank, etc., each account no. and balance.)</i>	\$
2. Joint accounts <u>without</u> right of survivorship <i>(List bank, etc., each account no., balance and joint owners.)</i>	
_____ % Owned By Dec.	
_____ % Owned By	
_____ % Owned By	
_____ % Owned By	
3. Stocks and bonds in sole name of decedent or jointly owned <u>without</u> right of survivorship.....	% Owned By
4. Cash and undeposited checks on hand.....	
5. Household furnishings.....	
6. Farm products, livestock, equipment and tools.....	
7. Vehicles.....	
8. Interest in partnership or sole proprietor businesses.....	
9. Insurance, Retirement Plan, I.R.A., etc., payable to Estate.....	
10. Notes, judgments, and other debts due decedent.....	
11. Miscellaneous personal property.....	
12. Real estate willed to the Estate.....	
13. Estimated annual income of Estate.....	

*(Base bond on this amount, if applicable.)* **TOTAL PART I.** ▶ \$

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

1. Joint accounts with right of survivorship <i>(List bank, etc., each account no., balance and joint owners.)</i>	\$
2. Stocks and bonds jointly owned with right of survivorship.....	
3. Other personal property recoverable (G.S. 28A-15-10).....	
4. Real estate owned by decedent and not listed elsewhere <i>(attach description)</i> .....	

**TOTAL PART II.** ▶ \$

**PART III. OTHER PROPERTY**

1. Entireties Real Estate owned by decedent and spouse <i>(List 1/2 value)</i> .....	\$
2. Insurance, Retirement Plan, I.R.A., accounts, etc., payable to named beneficiaries.....	
3. There <input type="checkbox"/> are <input type="checkbox"/> are not transfers over which decedent retained any interest.	
4. There <input type="checkbox"/> were <input type="checkbox"/> were not gifts made 3 years or less before decedent's death.	

**TOTAL PART III.** ▶ \$

**SWORN AND SUBSCRIBED TO BEFORE ME**

		Signature	
Date	Signature Of Person Authorized To Administer Oaths	Name (Type Or Print)	
<b>SEAL</b>	Date Commission Expires	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC
		<input type="checkbox"/> CSC	<input type="checkbox"/> Notary

**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	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
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**NOTE:** This Affidavit for Collection of Personal Property of Decedent authorized 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.