

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 Incompetent Person

Social Security No.

Date Of Birth

County Of Residence

Date Of Adjudication Of Incompetence

County Of Adjudication

Name And Address Of Applicant

County Of Residence Of Applicant

Telephone No.

Applicant(s) Relationship Or Interest In Proceeding

APPLICATION FOR LETTERS OF

- GUARDIANSHIP OF THE ESTATE
- GUARDIANSHIP OF THE PERSON
- GENERAL GUARDIANSHIP

FOR AN INCOMPETENT PERSON

G.S. 35A-1210, 35A-1251

File Or Other ID No. Of Incompetence Proceeding

Name And Address Of Co-applicant

County Of Residence Of Co-applicant

Telephone No.

Name And Address Of Attorney For Applicant(s)

Attorney Bar No.

Telephone No.

The Undersigned, being duly sworn, 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. Other: (Give any other information requested by Clerk.)

VERIFICATION

I, the undersigned applicant, have read this Application and state that its contents are true to my own knowledge except those matters stated on information and belief, which I believe to be true.

Date

Signature Of Applicant

Date

Signature Of Co-applicant

SWORN AND SUBSCRIBED TO BEFORE ME

SWORN AND SUBSCRIBED TO BEFORE ME

Date

Signature Of Person Authorized To Administer Oaths

Date

Signature Of Person Authorized To Administer Oaths

Deputy CSC Assistant CSC Clerk Of Superior Court

Deputy CSC Assistant CSC Clerk Of Superior Court

SEAL Notary

Date My Commission Expires

Notary

Date My Commission Expires

SEAL

| PART I. PROPERTY OF THE INCOMPETENT'S ESTATE | | |
|---|--------------------|-----------------|
| Description | | Estimated Value |
| 1. Cash And Undeposited Checks On Hand | | \$ |
| 2. Accounts <i>(list bank, etc.; each account number; balance & interest)</i> | Account No. | |
| _____ | | |
| _____ | | |
| 3. Stocks And Bonds | | |
| 4. Notes, Judgments And Other Debts Due | | |
| 5. Household Furnishings | | |
| 6. Motor Vehicles | | |
| 7. Interest In Partnership Or Sole Proprietor Businesses | | |
| 8. Farm Products, Livestock And Equipment | | |
| 9. Miscellaneous Personal Property | | |
| 10. Interests In Real Estate | \$ | |
| 11. Estimated Annual Income | | |
| Wages, Salaries, Etc..... | \$ | |
| Rental Income..... | | |
| Other Investment Income..... | | |
| Annuity, Pension Or Retirement Benefits, Social Security, Disability Or Other Compensation, Insurance Proceeds, Injury Settlement Or Other Periodic Payments..... | \$ | |
| Subtotal of Line 11 | | \$ |
| 12. Other | | |
| TOTAL PART I. (Base bond on this amount) ▶ | | \$ |
| PART II. OTHER PROPERTY | | |
| Description | | |
| 1. Right Of Action For Injury, etc. (NOTE: Increase bond before receipt.) | | \$ |
| 2. Trust Income NOT Administered Or Received By Guardian | | |
| 3. Other Resources Available For Support Of Incompetent, NOT Administered Or Received By Guardian <i>(Attach itemized list.)</i> | | |
| TOTAL PART II. ▶ | | \$ |
| Major medical or similar insurance is in effect through <i>(Name Of Insurer)</i> _____ <i>(Policy No.)</i> _____ | | |
| Payee, VA Guardian, Attorney-in-fact, etc. <i>(Name)</i> _____ | | |
| Living Will, Heath Care P.O.A., etc. <i>(Health Care Agent)</i> _____ | | |
| PART III. LIABILITIES | | |
| Description | | |
| 1. Mortgage Loans | | \$ |
| 2. Other Secured Loans Or Obligations | | |
| 3. Unsecured Obligations | | |
| TOTAL PART III. ▶ | | \$ |