

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

**AFFIDAVIT FOR COLLECTION OF
 PERSONAL PROPERTY OF DECEDENT
 (For Decedents Dying On Or After Jan. 1, 2012)**

INTESTATE **TESTATE**

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

Name, Street Address, City, State, And Zip Code Of Decedent

County Of Domicile At Time Of Death

Date Of Death

Date Of Will

Place Of Death (if different from County Of Domicile)

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

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

Legal Residence (County, State)

Legal Residence (County, State)

Name, Street Address, PO Box, City, State And Zip Code Of Attorney

Attorney Bar 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, and 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 decedent died on or after 10/1/09 and the value of all personal property owned by the decedent less liens and encumbrances thereon, and less the spousal allowance under G.S. 30-15, does not exceed \$20,000.
 (b) I am the surviving spouse and sole heir devisee of the decedent, the decedent died on or after 10/1/09, and the value of all personal property, less liens and encumbrances thereon, and less the spousal allowance under G.S. 30-15, does not exceed \$30,000.
5. (Check if decedent died testate.) Decedent's will dated as shown above has been probated in each county in which is located any real property owned by the decedent as of the date of death; and a certified copy of the decedent's will is attached to this Affidavit.
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.)

Name	Age	Relationship	Mailing Address

Original - File Copy - Fiduciary Copy - Clerk mails copy to each person listed as entitled to share in the decedent's estate
 (Over)

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 solely in the name of decedent (List bank, etc., account type, and balance. Do <u>not</u> list account nos.)		\$
2. Joint accounts without right of survivorship (List bank, etc., account type, balance, and joint owners. Do <u>not</u> list account nos.)	% Owned By Decedent	
	% Owned By Decedent	
3. Stocks/bonds/securities solely in the name of decedent or jointly owned without right of survivorship	% Owned By Decedent	
4. Cash and undeposited checks on hand		
5. Household furnishings		
6. Farm products, livestock, equipment, and tools		
7. Vehicles (include or attach descriptions)		
8. Interests in partnership or sole proprietor businesses		
9. Insurance, Retirement Plans, IRAs, annuities, 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 (List bank, etc., account type, balance, and joint owners. Do <u>not</u> list account nos.)		\$
2. Stocks/bonds/securities registered in beneficiary form and immediately transferred on death or 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 (attach description sufficient to identify each tract)		
TOTAL PART II.		\$

PART III. OTHER PROPERTY

1. There <input type="checkbox"/> is <input type="checkbox"/> is not entireties real estate owned by decedent and spouse.	
2. There <input type="checkbox"/> are <input type="checkbox"/> are not Insurance, Retirement Plans, IRAs, annuities, etc., payable to named beneficiaries.	

Signature Of Collector By Affidavit 1	Signature Of Collector By Affidavit 2
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Name (type or print)	Name (type or print)
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SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date	Signature Of Person Authorized To Administer Oaths	Date	Signature Of Person Authorized To Administer Oaths
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<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
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<input type="checkbox"/> Notary	Date Commission Expires	<input type="checkbox"/> Notary	Date Commission Expires
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SEAL	County Where Notarized	SEAL	County Where Notarized
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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 Of Person Authorized To Administer Oaths	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court	SEAL
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NOTE: This Affidavit For Collection Of Personal Property Of Decedent authorizes 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.