

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

**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

Social Security No. (Last Four Digits)      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

Telephone No.

Telephone No.

Legal Residence (County, State)

Legal Residence (County, State)

Name, Street Address, PO Box, City, State And Zip Code 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 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 In Item No. 7  
(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 in sole name of decedent <i>(List bank, etc., each account no. and balance.)</i>		\$
_____		
_____		
2. Joint accounts <b>without</b> right of survivorship <i>(List bank, etc., each account no., balance and joint owners.)</i>		
_____	% Owned By Dec.	
_____	% Owned By Dec.	
_____	% Owned By Dec.	
_____	% Owned By Dec.	
3. Stocks/bonds/securities in sole name of decedent or jointly owned <b>without</b> right of survivorship.....	% Owned By Dec.	
4. Cash and undeposited checks on hand.....		
5. Household furnishings.....		
6. Farm products, livestock, equipment and tools.....		
7. Vehicles (include or attach descriptions).....		
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/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 <i>(attach description)</i> .....		

**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 Plan, I.R.A., accounts, etc., payable to named beneficiaries.....	

Signature Of Collector By Affidavit 1	Signature Of Collector By Affidavit 2
Name (Type Or Print)	Name (Type Or Print)

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date	Signature Of Person Authorized To Administer Oaths	Date	Signature Of Person Authorized To Administer Oaths
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC
	<input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Clerk Of Superior Court
<input type="checkbox"/> Notary	Date Commission Expires	<input type="checkbox"/> Notary	Date Commission Expires
<b>SEAL</b>	County Where Notarized	<b>SEAL</b>	County Where Notarized

**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	<b>SEAL</b>
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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.