STATE OF NORTI	H CAROLIN	1A		File No.	
County				In The General Court Of Justice Superior Court Division Before The Clerk	
IN THE MATTE	R OF THE ESTA	ATE (	OF		
Name Of Decedent				APPLICATION AND ASSIGNMENT	
					LLOWANCE
Date Of Death				(For Decedents Dying O	n Or Before Feb. 29, 2024)
					G.S. 30-15, 30-16, 30-17, 30-21
I am applying for an allowance	for a year's suppo	ort for	the person(s) na	med and state:	
1. a. The decedent died a	resident of this co	unty o	n the date show	n above.	
<ul><li>b. The decedent did no on the date shown al</li></ul>				al property that belonged to the dec	edent at his or her death, which was
	, for a year's suppo	ort if th	e surviving spou		decedent of the value of sixty child(ren), if any, named below is/are
I request assignment of Sixty thousand dollars (	( <b>\$60,000</b> ) from the	funds	or other persona	al property of the decedent for a yea	ar's support to the surviving spouse. s support to each child named below.
	SPOUSE /	AND	CHILD(REN)*	ENTITLED TO ALLOWANCE	
Full Name		Age	Relationship	Complete Address	(including zip code)
			Spouse		
			Child		
or the decedent must have been a one of the following: (1) a child und (2) a child who is less than 22 year	resident of North Cal der the age of 18 year is of age who is a full- nder 21 years of age deceased parent or t	rolina a rs, inclu -time s who is	at that time. See S. uding an adopted o tudent in any educ totally disabled; (5	L. 2019-113. For a child to be entitled to hild or a child with whom the widow was ational institution; (3) a child under 21 ye i) a person under the age of 18 years wi	ears of age who has been declared
Name And Address Of Applicant (type	or print)			Spouse Of Decedent	Child/Full-Time Student
				Personal Representative	Next Friend Of Child
				Guardian	
				Other:	
By signing below, I agree that t circumstances, persons who m with a crime.	he information in the lake false filings ca	nis filir ın be s	ng is true to the b subject to legal p	est of my knowledge, information, c enalties or sanctions and, dependin	or belief. I understand that, in some g on the situation, may be charged
Date				Signature Of Applicant	

Original-File Copy-Applicant (Over)

## **ASSIGNMENT OF YEAR'S ALLOWANCE**

I have examined the above application and have determined the money and other personal property of the decedent. I find that the allegations in the application are true and that each person(s) named in the application is entitled to the allowance requested.

I ASSIGN to the applicant the funds or other items of the personal property of the decedent listed below, which I have valued as indicated. This property is assigned free and clear of any lien by judgment or execution against the decedent and is to be paid by the applicant to the person(s) entitled. I assess as a DEFICIENCY the amount, if any, shown below, which is to be paid or delivered to the proper person when any additional personal assets of the decedent are discovered.

	Personal Property Assigned		Value			
		TOTAL	\$			
		DEFICIENCY	\$			
Date	Signature	Assistant CSC Clerk Of Superior Court	Magistrate SEAL			
	CERTIFI					
I hereby certify that the foregoing is a True and Correct copy of the report in the Assignment of Year's Allowance in the matter of the above-referenced estate as recorded in this office and shall be sufficient to release the items listed as assigned to the surviving spouse or children of the deceased as provided under G.S. 30-15, 30-17, and 30-21.						
Date	Signature	Deputy CSC Assistant CSC Clerk C	Of Superior Court SEAL			
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