

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

APPLICATION AND ASSIGNMENT YEAR'S ALLOWANCE

Name Of Decedent

Date Of Death

G.S. 30-15, 30-17, 30-21

I am applying for an allowance for a year's support for the person(s) named and state:

- The decedent died a resident of this county on the date shown above.
- The surviving spouse, if any, named below is entitled to an allowance from the personal property of the decedent of the value of thirty thousand dollars (\$30,000), for a year's support if the surviving spouse has not forfeited that right. The child(ren), if any, named below is/are entitled to an allowance of five thousand dollars (\$5,000) for a year's support.*
- I request assignment of
 - Thirty thousand dollars (**\$30,000**) from the funds or other personal property of the decedent for a year's support to the surviving spouse.
 - Five thousand dollars (**\$5,000**) from the funds or other personal property of the decedent for a year'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	

***NOTE:** For a child to be entitled to receive an allowance, he or she must be one of the following: (1) a child under the age of 18 years, including an adopted child or a child with whom the widow was pregnant at the death of her husband; (2) a child who is less than 22 years of age who is a full-time student in any educational institution; (3) a child under 21 years of age who has been declared mentally incompetent; (4) a child under 21 years of age who is totally disabled; (5) a person under the age of 18 years who resided with the deceased parent at the time of death and to whom the deceased parent or the surviving parent stood in loco parentis. See G.S. 30-17 and G.S. 12-3(16), (17).

Name And Address Of Applicant (type or print)

Telephone No. Of Applicant

Date

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> CSC <input type="checkbox"/> Magistrate	Date Commission Expires	<input type="checkbox"/> Spouse Of Decedent <input type="checkbox"/> Child/Full-Time Student <input type="checkbox"/> Notary
SEAL	County Where Notarized	<input type="checkbox"/> Personal Representative <input type="checkbox"/> Next Friend Of Child <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____

Original-File Copy-Applicant
(Over)

