				File No.	
STATE OF I	NORTH CAROLI	NA		File No.	
County				In The General Court Of Justice Superior Court Division Before The Clerk	
IN THE	MATTER OF THE EST	TATE (OF		
Name Of Decedent				APPLICATION AND ASSIGNMENT YEAR'S ALLOWANCE	
Date Of Death					G.S. 30-15, 30-16, 30-17, 30-21
I am applying for an	allowance for a year's supp	ort for	the person(s) na	med and state:	0.0.00 10,00 10,00 17,00 21
b. The deced	lent died a resident of this c lent did not die a resident o e shown above, is located ii	this co	unty, but person		cedent at his or her death, which was
thousand dollars entitled to an allo	(\$60,000), for a year's supply wance of five thousand dol	ort if th	e surviving spou		e decedent of the value of sixty e child(ren), if any, named below is/are
	nd dollars (\$60,000) from th				ear's support to the surviving spouse. r's support to each child named below.
		AND	CHILD(REN)*	ENTITLED TO ALLOWANCE	
Fı	ıll Name	Age	Relationship	Complete Addres	s (including zip code)
			Spouse		
			Child		
*NOTE: For a surviving spouse to be entitled to receive an allowance, he or she must have been a resident of North Carolina at the time of the decedent's death, or the decedent must have been a resident of North Carolina at that time. See S.L. 2019-113. 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 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				Name And Address Of Applicant (type or print)	
the deceased parent at the time of death and to whom the deceased parent of the surviving parent stood in loco parentis. See G.S. 30-17 and G.S. 12-3(16), (17).				Telephone No. Of Applicant Date	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME					
Date	Signature Of Person Authorized	To Admir	nister Oaths	Signature Of Applicant	
Deputy CSC	Assistant CSC CS	c [Magistrate	Spouse Of Decedent	Child/Full-Time Student
Notary	Date Commission Expires			Personal Representative	Next Friend Of Child
SEAL County Where Notarized				Other:	
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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	CATION	
above-referenced	the foregoing is a True and Correct copy of the restate as recorded in this office and shall be sufficiencesed as provided under G.S. 30-15, 30-17, and	ient to release the items listed as assig	ance in the matter of the ned to the surviving spouse
Date	Signature	Deputy CSC Assistant CSC Clerk C	Of Superior Court SEAL
			