

# 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, 30-16, 30-17, 30-21

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

1.  a. The decedent died a resident of this county on the date shown above.  
 b. The decedent did not die a resident of this county, but personal property that belonged to the decedent at his or her death, which was on the date shown above, is located in this county.
2. The surviving spouse, if any, named below is entitled to an allowance from the personal property of the decedent of the value of sixty thousand dollars (\$60,000), 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.\*
3. I request assignment of  
 Sixty thousand dollars (**\$60,000**) 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	
		Child	
		Child	
		Child	
		Child	
		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 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)

- Spouse Of Decedent                       Child/Full-Time Student  
 Personal Representative                 Next Friend Of Child  
 Guardian  
 Other: \_\_\_\_\_

By signing below, I agree that the information in this filing is true to the best of my knowledge, information, or belief. I understand that, in some circumstances, persons who make false filings can be subject to legal penalties or sanctions and, depending on the situation, may be charged with a crime.

Date

Signature Of Applicant

Original-File Copy-Applicant  
(Over)

