STATE OF NORTH CAROLIN	AA		File No.		
Cour	nty		In The General Court Of Justice Superior Court Division Before The Clerk		
IN THE MATTER OF THE EST	ATE (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 support. 1. a. The decedent died a resident of this co					
b. The decedent did not die a resident of on the date shown above, is located in			al property that belonged to the deco	edent at his or her death, which was	
2. The surviving spouse, if any, named below is thousand dollars (\$60,000), for a year's support entitled to an allowance of five thousand dollars.	ort if th	e surviving spou	se has not forfeited that right.* The		
 3. I request assignment of Sixty thousand dollars (\$60,000) from the Five thousand dollars (\$5,000) from the full 					
SPOUSE AND CHILD(REN)* ENTITLED TO ALLOWANCE					
Full Name	Age	Relationship	Complete Address	(including zip code)	
		Spouse			
		Child			
*NOTE: For a surviving spouse to be entitled to receive or the decedent must have been a resident of North Ca one of the following: (1) a child under the age of 18 yea (2) a child who is less than 22 years of age who is a full mentally incompetent; (4) a child under 21 years of age the time of death and to whom the deceased parent or See G.S. 30-17 and G.S. 12-3(16), (17).	rolina a rs, inclu l-time s who is	at that time. See S. uding an adopted o tudent in any educ totally disabled; (£	L. 2019-113. For a child to be entitled to thild or a child with whom the widow was ational institution; (3) a child under 21 ye 5) a person under the age of 18 years wh	receive an allowance, he or she must be pregnant at the death of her husband; ars of age who has been declared	
lame And Address Of Applicant (type or print)			Spouse Of Decedent Personal Representative Guardian Other:	Child/Full-Time Student Next Friend Of Child	
By signing below, I agree that the information in the circumstances, persons who make false filings can with a crime.					
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.

	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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