STATE OF NORTH CAROL	INA		File No.			
Co	unty	Ľ	In The General Court Of Justice Superior Court Division Before The Clerk			
IN THE MATTER OF THE ES		APPLICATION FOR PROBATE (WITHOUT QUALIFICATION OF A PERSONAL REPRESENTATIVE)				
County Of Domicile At Time Of Death			ND ADDENDUM (AOC-E-309)			
Date Of Death Date Of Will A	And Codicil(s), If Any	Place Of Death (if differ	G.S. 28A-2A-1, -2, -5 ent from County Of Domicile)			
Name, Street Address, PO Box, City, State, And Zip Code Of Applicant		Name, Street Address,	Name, Street Address, PO Box, City, State, And Zip Code Of Co-Applicant			
Legal Residence (County, State)		Legal Residence (Cour	Legal Residence (County, State)			
Name, Street Address, PO Box, City, State, And Zip Code	Of Attorney	Attorney Bar No.	Attorney Bar No.			
 The decedent was domiciled in this count a. I am the executor named in the will, testator, and the named executor c. The decedent died on or after Jai the death of the testator, no exected the death of the testator, no exected the death of the testator in this executor d. I am a person interested in this executor, and the named executor 	ty at the time of the rill. no executor has app (s) has/each have a nuary 1, 2012, I am a utor has yet applied to have the will prov state, my interest is t , no executor recutor(s) has/each h	decedent's death or lef blied to have the will pro- t least ten (10) days' no a devisee named in the to have the will proved ed, and good cause ex that	oved within sixty (60) days after the death of the otice of my intent to have the will proved. will, less than sixty (60) days have passed since the named executor(s) has/each have at least ists to now probate the will in that will proved within sixty (60) days after the death ays' notice of my intent to have the will proved.			
	ive the will proved, th	_, less than sixty (60) d ne named executor(s) h	ays have passed since the death of the testator, has/each have at least ten (10) days' notice of my in that			
marry or obtain a divorce. (If the facts are	otherwise, state them of hat the persons liste	on an attachment.) d below are all the pers	decedent, and the decedent did not thereafter sons entitled to share in the decedent's estate. dress on an attachment.)			
NAME	AGE	RELATIONSHIP	MAILING ADDRESS			
	Original - Fil	e Copy - Applicant				

Original - File Copy - Applicant (Preliminary Inventory On Reverse)

(0)		RY INVENTORY			
(Give value	es as of date of decedent's death. Continue on separate attachment if nece	essary.) RTY OF THE ESTATI	=		
1. Accou	unts solely in the name of decedent (List bank, etc., account	Est. Market V	/alue		
		\$			
2. Joint accounts without right of survivorship (List bank, etc., account type, balance, and joint owners. Do not list account nos.)					
% Owned By Decedent					
		% C	wned By Decedent		
		% C	wned By Decedent		
		% C	wned By Decedent		
3. Stock	s/bonds/securities solely in the name of decedent or jointl				
		wned By Decedent			
4. Cash	and undeposited checks on hand				
5. Hous	ehold furnishings				
6. Farm	products, livestock, equipment, and tools				
7. Vehic	les				
8. Intere	sts in partnership or sole proprietor businesses				
9. Insura	ance, Retirement Plans, IRAs, annuities, etc., payable to E	Estate			
10. Notes	s, judgments, and other debts due decedent				
11. Misce	Ilaneous personal property				
12. Real	estate willed to the Estate	\$			
13. Estimated annual income of Estate					
TOTAL PART I.				\$	
	PART II. PROPERTY WHICH CAN BE ADI	DED TO ESTATE IF	NEEDED TO PA		
1. Joint accounts with right of survivorship (List bank, etc., account type, balance, and joint owners. Do not list account nos.)					
		\$			
	s/bonds/securities registered in beneficiary form and immed with right of survivorship				
	personal property recoverable (G.S. 28A-15-10)				
	estate owned by decedent and not listed elsewhere				
		-	OTAL PART II.	\$	
	PART III. OT	Ψ			
1. There is is not entireties real estate owned by decedent and spouse.					
2. There		· ·	able to named	-	
	iciaries.	,,,,			
3. There is is not a potential claim for wrongful death arising under G.S. 28A-18-2.					
Signature Of Applicant Signature C					
SWOR	N/AFFIRMED AND SUBSCRIBED TO BEFORE ME	E SWORN/AFFIRM	ED AND SUBS	CRIBED TO BEF	ORE ME
Date Signature Of Person Authorized To Administer Oaths		Date	Signature Of Person A	uthorized To Administer (<i>Daths</i>
	opputy CSC Assistant CSC Clerk Of Superior Court Date Commission Expires	Deputy CSC Date Commission Expires	Assistant CSC	Clerk Of Superio	or Court
Notary	Date Continuesion Expires	Date Commission Expires			Notary
SEAL	SEAL County Where Notarized		County Where Notarized		
	99, Side Two, Rev. 8/21				<u>I</u>

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