		Co	ounty	In The General Court Of Justice Superior Court Division Before The Clerk  APPLICATION FOR APPOINTMENT OF GUARDIAN OF THE ESTATE GUARDIAN OF THE PERSON GENERAL GUARDIAN FOR A MINOR G.S. 35A-1221, -1225  Name And Street Address, PO Box, City, State And Zip Of Applicant 2					
Jam	IN THE MATTER  And Address Of Minor	OF THE ES	STATE OF						
Socia	l Security No. (last four digits)	Age	Date Of Birth	Name And Street Address, P	О вох, Спу, з	State And 2ip Of Applicant 2			
Cour	ty Of Residence Of Minor								
lam	And Street Address, PO Box, City,	State And Zip O	f Applicant 1	County Of Residence Of App	licant 2	Telephone No.			
				Name And Address Of Attorn	ey For Applic	cant(s)			
Cour	ty Of Residence Of Applicant 1	Telephone N	o.						
\ppli	cant(s)'(s) Relationship Or Interest II	n Proceeding		Telephone No.					
	The parents of the minor are								
	Name Of Mother, And Address If L	-		Name Of Father, And Ado	ress If Living				
	Name Of Mother, And Address If L  Date Of Death, If Not Living	-	state Administration		ress If Living	County Of Estate Administration			
3.	Date Of Death, If Not Living Other persons known to have	County Of E	state Administration	Name Of Father, And Add  Date Of Death, If Not Livis	ress If Living				
3.	Date Of Death, If Not Living	County Of E	state Administration	Name Of Father, And Add  Date Of Death, If Not Livin	ress If Living	County Of Estate Administration			
	Date Of Death, If Not Living  Other persons known to have Name And Address  Relationship To Minor Or Interest I	County Of E  /e an interest  in Proceeding  ng identified	istate Administration in this proceeding a	Name Of Father, And Add  Date Of Death, If Not Livin  re:  Name And Address  Relationship To Minor Or	Interest In Pr	County Of Estate Administration  occeeding  ardian of the minor was appointed			
	Date Of Death, If Not Living  Other persons known to have Name And Address  Relationship To Minor Or Interest I	County Of E  The an interest  The Proceeding	istate Administration  in this proceeding a below custody c's parent(s), recomme	Name Of Father, And Add  Date Of Death, If Not Livin  Te:  Relationship To Minor Or  of the minor was awarded ending the applicant(s) as guar	Interest In Pro	County Of Estate Administration  occeeding  ardian of the minor was appointed the minor, was admitted to probate.			
	Date Of Death, If Not Living  Other persons known to have the Name And Address  Relationship To Minor Or Interest If applicable in the proceeding the Last Will and Testamer (Attach copy of custody or general contents)	County Of E  The an interest  The Proceeding	istate Administration  in this proceeding a below custody c's parent(s), recommerder or probated will, if a	Date Of Pather, And Add  Date Of Death, If Not Living  Te:  Relationship To Minor Or  of the minor was awarded anding the applicant(s) as guaravailable.)	Interest In Pro	County Of Estate Administration  occeeding  ardian of the minor was appointed the minor, was admitted to probate.			
4.	Date Of Death, If Not Living  Other persons known to have the Name And Address  Relationship To Minor Or Interest II  If applicable in the proceeding the Last Will and Testamen (Attach copy of custody or go Date Of Order Or Probate	County Of E  The an interest  The Proceeding  The proceeding of the minor of the mi	below custody creaming custody creaming proceeding	Date Of Death, If Not Living Te:  Relationship To Minor Or  of the minor was awarded ending the applicant(s) as guaranteed available.)  Name And Address Of Common	Interest In Pro	County Of Estate Administration  Occeeding  Ardian of the minor was appointed the minor, was admitted to probate.  Guardian, If Any			
4.	Date Of Death, If Not Living  Other persons known to have the Name And Address  Relationship To Minor Or Interest I applicable in the proceeding the Last Will and Testamer (Attach copy of custody or go Date Of Order Or Probate  File Or Other Identification No.	County Of E  The an interest  The Proceeding  The proceeding of the minor of the mi	below custody creaming custody creaming proceeding	Date Of Death, If Not Living Te:  Relationship To Minor Or  of the minor was awarded ending the applicant(s) as guaranteed available.)  Name And Address Of Common	Interest In Pro	County Of Estate Administration  Occeeding  Ardian of the minor was appointed the minor, was admitted to probate.  Guardian, If Any			

(Over)

comply with said responsibilities and to manage the guardianship estate in accordance with North Carolina law.

	PART I.	PROPERTY	ESTATE	PART II. OTHER PROPERTY					
		Description		Estimated Value	Description			Estimated Value	
1. Ins	1. Insurance proceeds			\$	1. Right of action for injury, etc.				
2. Injury settlements				(NOTE: Increase bond before receipt.)			\$		
3. Cash and uncashed checks on hand				2. Interests in real property					
4. Acc	ounts				3. Custodial accounts, trust income or other				
5. Sto	cks and bon	ids			resources available for support of minor,  NOT administered or received by guardian				
6. Far	m products,	livestock, and	equipment		(Attach itemized list)				
7. Miscellaneous personal property				TOTAL PART II			\$		
8. Estimated annual income \$				Custodian, trustee, attorney-in-fact, etc.					
Inte	rest and div	idends. etc			(Name)			-	
	Interest and dividends, etc  Rental income			Major medical or similar insurance is in effect					
	uity, pensio				through: (Name Of Insurer)				
reti	rement bene	efits, Social					-		
	curity, Disab opensation,	ility or other			(Policy No.)	(Policy No.)		-	
		/ settlement				PART III. LIABILITIES			
		c payments			1. Mortgage lo	oans		\$	
					2. Other secured loans or obligations		ns or obligations		
Subtotal of Line 8				\$	3. Unsecured obligations				
9. Oth	er				4. Other				
TOTA	L PART I (t	ase bond on this	amount)	\$			TOTAL PART III	\$	
				VERIFI	CATION				
					t its contents are	e true to	my own knowledge except	those m	atters
	on information	on and belief, w		o be true.					
Date	Date Signature Of Applicant 1			Date Signature Of Applicant 2					
SWORN/AFFIRMED AND SUBSCRIBED TO			O REFORE ME	SWODN/AE	VORN/AFFIRMED AND SUBSCRIBED TO BEFORE			ODE ME	
Date Signature Of Person Authorized To Au			Date Signature Of Person Authorized To A						
0.9/11.00 07/10/10/10/10/10/10/10/10/10/10/10/10/10/									
Title					Title				
Date Commission Expires		tarized	Date Commission Expires   County Where Notarized						
SEAL Date Commission		modion Expired	Solon Expires County where Note				County Where Notarized		SEAL
			1	WAIVER OF NOT	ICE OF HEAR	RING			
Each o	f the unders	igned hereby w	aives notice of	a hearing on this A	oplication.				
Date Signature			Date	Date Signature					
Name (ty)	pe or print)				Name (type or print)	*)			
Relationship To Minor					Relationship To Mir	nor			
Parent Custodian			Guardian	Parent		Custodian	Gu	ıardian	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME					SWORN/AF	FIRME	D AND SUBSCRIBED T	O BEF	ORE ME
Date Signature Of Person Authorized To Ad		Administer Oaths	Date	Si	ignature Of Person Authorized To A	dminister (	Oaths		
Title					Title				
THE					TIGE				
SEAL	SEAL Date Commission Expires County Where		County Where No	tarized	Date Commission Expires County Where Notarized			SEAL	
				• • • • • • • • • • • • • • • • • • • •					

NOTE: A copy of this Application and written notice of the time, date, and place set for a hearing, shall be served on any parent, guardian or legal custodian of the minor who is not an applicant and who does not sign the waiver and consent above, and any other person the Clerk may direct, including the minor. Service shall be as provided by Rule 4 of the Rules of Civil Procedure unless the Clerk directs otherwise. G.S. 35A-1222.