

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
Superior Court Division
Before The Clerk

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

**AFFIDAVIT OF NOTICE TO
CREDITORS BY LIMITED PERSONAL
REPRESENTATIVE**

G.S. 28A, Article 29, 28A-14-1, 28A-14-2

The undersigned affiant, being first duly sworn, says that:

- Pursuant to G.S. 28A-14-1, I made a reasonable effort to ascertain all persons, firms and corporations (*including the Department of Health and Human Services, Division of Medical Assistance, if at the time of the decedent's death the decedent was receiving Medicaid*) having unsatisfied claims against the decedent and personally delivered or mailed a copy of the Notice to Creditors to all such persons, firms and corporations then known to me. I further certify that (a) a list of all claims presented is attached together with proof that any claims that were presented were satisfied, compromised or denied, and that the time for filing suit thereon has expired, or (b) no claims were presented and the time for filing claims has expired.

NOTE: Signature of only one affiant is necessary.

<i>Date</i>	<i>Date</i>
<i>Signature Of Affiant</i>	<i>Signature Of Co-affiant</i>
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME
<i>Date</i>	<i>Date</i>
<i>Signature</i>	<i>Signature</i>
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i>	<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i>
<input type="checkbox"/> <i>Notary</i> <i>Date My Commission Expires</i>	<i>Date My Commission Expires</i> <input type="checkbox"/> <i>Notary</i>
SEAL	SEAL
<i>County Where Notarized</i>	<i>County Where Notarized</i>