

STATE OF NORTH CAROLINA

_____ County

File No.

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

IN THE MATTER OF THE ESTATE OF

APPLICATION FOR ADMINISTRATION BY CLERK (Not To Exceed \$5,000)

G.S. 28A-25-6

Name Of Decedent

Date Of Death

Will Yes
 No

County Of Domicile At Date Of Death

Marital Status Of Decedent

Married Separated Divorced Single/Widow(er)

Name And Address Of Applicant

Has a year's allowance (to a spouse and/or eligible children of the decedent) been allotted? Yes No

Name And Address Of Surviving Spouse

Relationship Of Applicant To Decedent

Telephone No. Of Applicant

Heirs	Age	Relationship	Mailing Address

APPLICATION

The undersigned applicant, pursuant to G.S. 28A-25-6, shows the Court that the person/entity named below is indebted to the above-named decedent. No administrator has been appointed and the amount owed the decedent does not exceed \$5,000.00 and would not make the aggregate sum which has previously come into the Clerk's hands exceed the sum of \$5,000.00. The applicant requests the Clerk to authorize all funds held by the person or entity named below be paid to and administered by the Clerk.

ASSETS

Bank Accounts (List checking, savings, etc., each account no. and balance)	Amount
	\$
	\$
	\$
	\$
Uncashed Checks	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

(Over)

	FUNERAL EXPENSES	
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Name And Address Of Funeral Home	Telephone Number Of Funeral Home	Tax ID No.
	Total Funeral Expenses \$	Amount Paid \$
		Balance Due \$

Persons Who Paid Any Part Of Funeral Expenses (Name, Address, and Amount Paid - provide documentation)

Name	Address	Amount
		\$
		\$
		\$
		\$
TOTAL ▶		\$

NOTE TO APPLICANT: An heir, creditor, or person paying any part of the funeral expenses may complete and file form AOC-G-120 in order to make certification as to that person's identity (including Tax ID/Social Security number) and to provide notice of deposit on a form that is not to be placed in the public file.

	OTHER DEBTS	
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Name, Address, And Tax ID Number Of Creditors

Name	Address	Tax ID No.	Amount
			\$
			\$
			\$
			\$
TOTAL ▶			\$

	CERTIFICATION	
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I hereby certify that the information shown above is true and correct to the best of my knowledge and belief.

<p>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</p> <p>Date</p> <p>Signature</p> <p> <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court </p> <p> <input type="checkbox"/> Notary Date Commission Expires </p> <p> SEAL County Where Notarized </p>	<p style="text-align: right;"><i>Signature Of Applicant</i></p>
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NOTE TO CLERK: Use AOC-E-431 to authorize payment of funds to the clerk.