

STATE OF NORTH CAROLINA

File No.

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

_____ County

IN THE MATTER OF THE ESTATE OF:

Name, Street Address, City, State, And Zip Code Of Deceased Tenant

**AFFIDAVIT FOR REMOVAL OF
PERSONAL PROPERTY OF DECEASED
RESIDENTIAL TENANT**

G.S. 28A-25-7; 42-36.3; 42-40(2), (3)

Social Security No. (Last Four Digits)

County Of Domicile At Time Of Death

Date Of Death

Place Of Death

Street Address, City, State, And Zip Code Of Leased Premises (If Different)

Good Faith Estimate Of The Value Of All Tangible Personal Property

\$ _____

County Of Leased Premises

Date Rental Period Expired

*Name, Street Address, PO Box, City, State, And Zip Code Of Owner/Property Manager/
Landlord*

*Name And Address Of Contact Person Identified In The Lease, Lease Application, Or
Other Document, If Any*

Telephone No.

I, the undersigned, being first duly sworn, say that:

1. I am the landlord (*which term includes property owners and/or property managers*) for the above-described leased premises. The tenant named above was the lessee and sole occupant of the leased premises, and died leaving tangible personal property in the dwelling unit. A copy of the death certificate is attached.
2. At least ten (10) days have elapsed from the date the paid rental period for the dwelling unit expired.
3. The undersigned certifies that no contact person was identified in the rental application, lease agreement, or other document.
4. The undersigned has made a good faith effort to notify the contact person identified in the rental application, lease agreement, or other document, to urge that action be taken to administer the estate of the decedent. The undersigned hereby certifies that I have made the following efforts or taken the following steps to notify the contact person for the deceased tenant (*for example, checking phone book listings, tax records, DMV records, etc.*):

(Over)

5. The undersigned hereby certifies that listed below is a detailed itemization of the personal property remaining in the leased premises at the time of death of the deceased tenant (*Attach additional pages as needed*).

a) Furniture:

b) Clothing:

c) Accessories:

d) Miscellaneous:

6. No personal representative, collector, receiver, or collector by affidavit has been appointed or authorized under Chapters 28A, 28B, or 28C of the General Statutes of North Carolina in the county where the dwelling unit is located.

7. I acknowledge that I will comply with the requirements of G.S. 28A-25-7 in the disposal of the decedent's personal property, including, as applicable, the delivery of the personal property to a qualifying non-profit entity, the delivery of surplus proceeds to the Clerk of Superior Court, and the filing of accountings with the Clerk of Superior Court.

8. The landlord has mailed or immediately upon the filing of this Affidavit will mail a copy of this Affidavit to the contact person named on Side One at the address listed, or, if no contact person is listed in the rental application, lease agreement, or other landlord documents, the landlord has posted or will immediately post a copy of this Affidavit at the door of the landlord's primary rental office or the place where the landlord conducts business, and, in addition, at the county courthouse in the area designated by the clerk for the posting of notices.

Name Of Owner/Property Manager/Landlord	Signature Of Owner/Property Manager/Landlord	Date
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SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date	
Signature Of Person Authorized To Administer Oaths	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date My Commission Expires
SEAL	County Where Notarized