

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 Of Decedent/Minor/Ward/Trust

ORDER TO FILE

Name And Address Of Fiduciary

T
O

G.S. 28A-20-2, -3; 28A-21-4; 28A-25-4; 35A-1242, -1262, -1264; 36C-2-208, -209

Estate Trust Guardianship

TO THE FIDUCIARY NAMED ABOVE:

The Court hereby finds that:

- 1. you have failed to file your inventory within three (3) months after your qualification as required by law.
2. you have failed to file your annual account as required by law.
3. you have failed to file your final account as required by law.
4. you have failed to file your final affidavit of collection as required by law.
5. you have failed to file your guardianship status report as required by law.
6. the inventory, account, affidavit of collection, or guardianship status report which you submitted is insufficient or unsatisfactory, in that:

It is ORDERED that you file a full, satisfactory document as indicated above, in this office within twenty (20) days after service of this order upon you.

TAKE NOTICE that if the document(s) listed above is not filed within twenty (20) days after the service of this Order, or if there is not good cause shown for your failure to do so, then a proceeding for contempt may be brought against you and you may be removed as fiduciary and be committed to the county jail for an indefinite period.

Date Signature Assistant CSC Clerk Of Superior Court

RETURN OF SERVICE

I certify that this Order was received and served as follows:

- by leaving a copy of this Order with the fiduciary.
by leaving a copy of this Order at the dwelling house or usual place of abode of the fiduciary named above with a person of suitable age and discretion then residing therein.
as the fiduciary is a corporation, service was effected by delivering a copy of this Order to the person named below.

Name And Address Of Person With Whom Copy Left (if corporation, give title of person copy left with)

the fiduciary WAS NOT served for the following reason:

Date Received Date Served Date Returned Name Of Deputy Sheriff Making Return (type or print)
County Of Deputy Sheriff Making Return Signature Of Deputy Sheriff Making Return

(Over - Side Two is available to facilitate mailing of any copies of this Order.)

---

*Copy To*

---

...

...