

STATE OF NORTH CAROLINA

File No.

County

NOTE TO APPLICANTS: *The decision to apply for summary administration rather than regular administration may have significant legal ramifications. Applicants are advised to seek legal counsel.*

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

IN THE MATTER OF THE ESTATE OF

Name And Address Of Decedent

APPLICATION FOR PROBATE AND PETITION FOR SUMMARY ADMINISTRATION

☐ AND ADDENDUM (AOC-E-309)

G.S. Ch. 28A, Art. 28

County Of Domicile At Time Of Death

Date Of Death

Date Of Will And Codicil(s), If Any

Place Of Death (if different from County Of Domicile)

Date Of Marriage

Place Of Marriage (if different from County Of Domicile)

Name And Mailing Address Of Applicant

Name And Address Of Executor Or Coexecutor Of Will (if different from Applicant)

Legal Residence (County, State)

File No.

Name And Address Of Attorney

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

☐ No ☐ Yes: (explain)

I, the undersigned, apply for probate of the paper writing(s) purporting to be the decedent's Last Will and Testament and codicil(s), dated as shown above. **(NOTE: Check one of the following:)**

- ☐ The original will ☐ and codicil(s) is already on file in the office of the Clerk of Superior Court.
- ☐ The original will ☐ and codicil(s) is attached.
- ☐ A certified copy of the will ☐ and codicil(s) is attached.

Upon admission of the will to probate, I do hereby certify that I will record a certified copy of said will in each county in which is located any real estate or portion of real estate wholly or partially owned by the decedent. I further petition the Court for an Order Of Summary Administration of the above estate.

In support of this Application and Petition, being first duly sworn or affirmed, I say that:

1. The decedent was domiciled in this county at the time of the decedent's death.
 2. I am the surviving spouse of the decedent, and I am the sole devisee and sole heir of the decedent. There is no other devisee or heir under the will.
 3. The will does not prohibit summary administration. All property passing under the will, if any, goes directly to me and is not in trust. No application or petition for appointment of a personal representative is pending or has been granted in this state.
 4. The decedent ☐ did ☐ did not own an interest in real estate, wholly or partially, at the time of the decedent's death. A complete legal description, sufficient to specifically identify each tract of such real property, is attached.
 5. The decedent ☐ did ☐ did not own an interest in personal property at the time of the decedent's death. A complete description of the nature of decedent's personal property, the location and probable value of said property, to the extent that these facts are known or can with reasonable diligence be ascertained, is on the reverse. **(NOTE: See the instructions in form AOC-E-201 Instructions.)**
 6. **To the extent of the property received by me under the will of the decedent, I assume all liabilities of the decedent that were not discharged by reason of death, and I assume liability for all taxes and valid claims against the decedent or the estate, as provided in G.S. 28A-28-6.**
- ☐ 7. A copy of this Petition has been personally delivered or sent by first class mail by me to the last known address, as listed above, of any executor or coexecutor named by the will, other than me.

NOTE: This Application and Petition requires a three step process. First, the admission of the will to probate; second, processing the Petition For Summary Administration; and third, the issuance of certified copies of the probated will, which the applicant must then file in each county in which any portion of the real estate is located. For the convenience of the parties, the Application For Probate and Petition For Summary Administration are collapsed onto one form.

(Over)

INVENTORY

(Give values and descriptions as of date of decedent's death. Continue on separate attachment if necessary.)

PART I. PROPERTY OF THE ESTATE

		Market Value
1. Accounts solely in the name of decedent (List bank, etc., account type, and balance. Do <u>not</u> list account nos.)		\$
2. Joint accounts without right of survivorship (List bank, etc., account type, balance, and joint owners. Do <u>not</u> list account nos.)		
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
3. Stocks/bonds/securities solely in the name of decedent or jointly owned without right of survivorship	% Owned By Decedent	
4. Cash and undeposited checks on hand		
5. Household furnishings		
6. Farm products, livestock, equipment, and tools		
7. Vehicles		
8. Interests in partnership or sole proprietor businesses		
9. Insurance, Retirement Plans, IRAs, annuities, etc., payable to Estate		
10. Notes, judgments, and other debts due decedent		
11. Miscellaneous personal property		
12. Real estate willed to the Estate	\$	
13. Estimated annual income of Estate		

TOTAL PART I. ▶ \$

PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS

1. Joint accounts with right of survivorship (List bank, etc., account type, balance, and joint owners. Do <u>not</u> list account nos.)	\$
2. Stocks/bonds/securities registered in beneficiary form and immediately transferred on death or jointly owned with right of survivorship	
3. Other personal property recoverable (G.S. 28A-15-10)	
4. Real estate owned by decedent and not listed elsewhere	

TOTAL PART II. ▶ \$

PART III. OTHER PROPERTY

- | | |
|--|--|
| 1. There <input type="checkbox"/> is <input type="checkbox"/> is not entireties real estate owned by decedent and spouse. | |
| 2. There <input type="checkbox"/> are <input type="checkbox"/> are not Insurance, Retirement Plans, IRAs, annuities, etc., payable to named beneficiaries. | |

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date	Signature	Signature Of Applicant
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
<input type="checkbox"/> Notary	Date Commission Expires	Name Of Applicant (type or print)
SEAL	County Where Notarized	