

Application Guidelines for **ADMINISTRATION BY CLERK**

[N.C.G.S. 28A-25-6]

Click [here](#) for general information about the estate administration process.

This packet contains the following forms: [Application for Administration by Clerk \(AOC-E-432\)](#); [Family History Affidavit](#). An online video tutorial to assist you in completing each form can be accessed by clicking on the form's title above.

Fillable forms are available online at www.nccourts.gov. Click "forms" and enter the form numbers below (all forms begin with AOC-E-__).

➤NOTE: Additional forms may be required to begin the qualification process and will be determined based upon the circumstances.

READ FORMS CAREFULLY AS THEY CONTAIN INSTRUCTIONS AND INFORMATION NECESSARY IN THIS PROCESS.

ADMINISTRATION BY CLERK IS AVAILABLE IN THE FOLLOWING SITUATION...

To release funds to persons who paid the funeral, cremation or burial expenses for the decedent.

➤Proof of payment with listed payors is required from funeral/cremation/burial service providers.

➤If payment was by insurance - additional information may be required by the Court.

This filing *cannot* be used when:

- It has been less than twelve months from the date of death and there is a surviving spouse who has not waived a Year's Allowance
- It has been less than twelve months from the date of death and there is a minor child, a child less than 22 years of age who is a full-time student, or a mentally incompetent or mentally disabled child under the age of 21
- The estate value exceeds \$5,000
- The estate consists of assets that are not monetary

⊛STEPS FOR PROCESSING...

The following items ***must be presented*** to the Court for filing:

1. Application for Administration by Clerk (AOC-E-432)
2. Family History Affidavit
3. Funeral bill statement listing persons who paid the expenses
4. Burial statement listing persons who paid the expenses
5. Original Will (if one exists)
6. Death Certificate

NOTE: A \$20 filing fee is required for this application

EXPLANATION OF TERMS:

- Decedent: Individual who passed away
- Petitioner: Person who is applying for compensation of funeral expenses for himself or another
- Intestate: The decedent died without leaving a Will.
- Testate: The decedent died leaving a Last Will & Testament
- Heir: A person who inherits or is entitled by law or by the terms of a Will to inherit the estate of another

Completed filings should be submitted to the

Clerk of Court of Mecklenburg County

Estates Division – Suite 3720

Mecklenburg County Courthouse – 832 E. 4th Street, Charlotte NC 28202

To file via mail: Mecklenburg County Clerk of Superior Court, Attn Estates, PO Box 37971, Charlotte NC 28237

Estates Phone Number: 704-686-0460 Estates E-Mail: mecklenburg.estates@nccourts.org

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.

Mecklenburg County

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

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

Name, Street Address, PO Box, City, State and Zip Code of Affiant

Telephone No.

Legal Residence (County, State)

FAMILY HISTORY AFFIDAVIT

INTERROGATORIES ABOUT DECEDENT AND FAMILY

Relationship

1. Marital Status: Married Widowed Divorced Never Married

a. If Married/Widowed/Divorced:

Name of Spouse: _____

Date of Marriage: _____

Date of Divorce (or death): _____

b. Names and Addresses of children born into this marriage:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

c. Is there an unborn child? Yes No

2. Did any of the children listed above die prior to the date the decedent died? Yes No

a. If yes:

Name of pre-deceased child: _____

Did the pre-deceased child have children? Yes No

If yes, names of children: _____

3. Has the decedent been married more than once? Yes No

a. If yes, name of prior spouse: _____

(Over)

b. Names and Addresses of Children Born into this marriage:

Name	Address
_____	_____
_____	_____
_____	_____

4. Did the decedent have any children that were born outside of marriage? Yes No

a. If yes, list names and addresses:

Name	Address
_____	_____
_____	_____
_____	_____

5. Did the decedent leave:

- a. An adopted child? Yes No
- b. A child that has been adjudged mentally incompetent? Yes No

6. Are the parents of the decedent living? Yes No If yes, list names below.

- a. Mother: _____
- b. Father: _____

7. How many brother and sisters did the decedent have? _____

Name	Address (if known)
_____	_____
_____	_____
_____	_____

8. Did any of the siblings listed above die prior to the date the decedent died? Yes No

a. If yes:

Name of pre-deceased sibling(s): _____

Did the pre-deceased sibling(s) have children? Yes No

If yes, names of children: _____

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