## Guidelines for Starting SUMMARY ADMINISTRATION [N.C.G.S. 28A-28-1] Summary Administration-TESTATE

**This Packet Contains the following forms:** Application for Probate & Petition for Summary Administration (AOC-E-905), Order of Summary Administration (AOC-E-904), Family History Affidavit, and Estate Tax Certification (AOC-E-212).

Fillable forms are available online at <u>www.nccourts.gov</u>. Click "forms" and enter the form numbers below (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.** 

## Summary Administration is available for the following situations when...

- There is *full understanding* of all debts and monetary obligations associated with the estate
- The spouse must be the sole beneficiary/devisee under the will and not a Trust or other beneficiary
- Decedent's Will does not prohibit Summary Administration
- *CAUTION:* To the extent property is received, the surviving spouse assumes all debts and liabilities of the deceased spouse

## **©**STEPS FOR PROCESSING...

- 1. Discuss the obligations for the spouse regarding any debts/claims of the estate with your attorney
- 2. Fill out the Application for Probate & Petition for Summary Administration [AOC-E-905M]
- 3. Order of Summary Administration *Prepared by the Clerk's Office* [AOC-E-904M]
- 4. All assets listed in Part II require signature cards as proof of the listing
- 5. Qualification Fee is \$120 (Acceptable Forms: cash, certified check, or money order)
- 6. Closing Fee is based upon the gross property in the estate listed in Part I (.004 x Part I gross assets-Example: .004 x \$10,000=\$40 Filing fee) or a \$15 minimum fee if the gross value is under \$3,750
- 7. Completion of the Estate Tax Certification form [AOC-E-212]
- 8. Original Will
- 9. Death Certificate

## **EXPLANATION OF TERMS:**

- **Decedent:** Individual who passed away
- **Petitioner:** Surviving Spouse of decedent
- Intestate: The decedent died without leaving a Will.
- Testate: The decedent died leaving a Last Will & Testament.
- Qualification: The possession by an individual of the qualities, properties, or circumstances which render him/her eligible to perform a duty or function.
- Estate Tax Certification: Documentation as to whether or not estate or inheritance taxes are due.
- **Devisee:** A person who receives a gift of property by a Will
- **Beneficiary:** Any person or entity (like a charity) who is to receive assets or profits from an estate, a trust, an insurance policy or any instrument in which there is distribution.

Completed filings should be submitted to the Clerk of Court of Mecklenburg County Estates Division – Suite 3720, Mecklenburg County Courthouse – 832 E. 4<sup>th</sup> 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: <u>mecklenburg.estates@nccourts.org</u>

STATE OF NORTH CAROLINA		CAROLINA	File No.			
		County				
<b>NOTE TO APPLICANTS:</b> The decision to apply for summary administration rather than regular administration may have significant legal ramifications. <b>Applicants are advised to seek legal counsel.</b>			In The General Court Of Justice Superior Court Division Before The Clerk			
IN T	THE MATTER	OF THE ESTATE OF:				
Name And Address	Of Decedent		APPLICATION FOR PROBATE AND PETITION FOR SUMMARY ADMINISTRATION			
			AND ADDENDUM (AOC-E-309)			
Social Security No. (	last four digits)	County Of Domicile At Time Of Death				
Date Of Death		Date Of Will And Codicil(s), If Any	G.S. Ch. 28A, Art. 28 Place Of Death (if different from County Of Domicile)			
Date Of Marriage		Place Of Marriage (if different from County	 Of Domicile)			
Name And Mailing A	ddress Of Applicant		Name And Address Of Executor Or Coexecutor Of Will (if different from Applicant)			
Telephone No.			Telephone No.			
Legal Residence (Co	ounty, State)		File No.			
Name And Address	Of Attorney		Telephone No.			
	-					
		bate of the paper writing(s) purportir Check one of the following:)	ig to be the decedent's Last Will and Testament and codicil(s),			
The orig	inal will 🗌 and	codicil(s) is already on file in the	office of the Clerk of Superior Court.			
The orig	inal will 🗌 and	l codicil(s) is attached.				
A certifie	ed copy of the wil	I and codicil(s) is attached.				
estate or portio	n of real estate w		ertified copy of said will in each county in which is located any real dent, which recording I do hereby certify, I further petition the Court			
In support of th	is Application and	d Petition, being first duly sworn or a	ffirmed, I say that:			
1. The dec	cedent was domi	ciled 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.						
	<ol><li>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.</li></ol>					
	cedent    did te legal descriptio		l estate, wholly or partially, at the time of the decedent's death. A ach tract of such real property, is attached.			
descript these fa	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. ( <b>NOTE:</b> <i>See the instructions in form AOC-E-201 Instructions.</i> )					
were n		y reason of death, and I assume li	rill of the decedent, I assume all liabilities of the decedent that ability for all taxes and valid claims against the decedent or the			
	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.					
of certified copies	s of the probated w	ill, which the applicant must then file in e	cess. First, the admission of the will to probate; second, the issuance ach county in which any portion of the real estate is located; and third, the parties, the application and petition are collapsed onto one form.			
		(C	ver)			

(Give values and des	INVEN criptions as of date of decedent's death. Continue on se	NTORY eparate attachi	ment if necessary.)		
	PART I. PROPERT				
1. Accounts in sole name of decedent (List bank, etc., each account no., and balance.)				Market Value	
					\$
2. Joint accounts without right of survivorship (List bank, etc., each account no., balance, and joint owners.)					
% Owned By Decedent					
	% Owned By Decedent				
	% Owned By Decedent				
			% Owned By D	ecedent	
3. Stocks/bonds/se right of survivors	ecurities in sole name of decedent or jointly owner ship	d <u>without</u>	% Owned By D	ecedent	
4. Cash and under	oosited checks on hand		1		
5. Household furni	shings				
6. Farm products,	livestock, equipment, and tools				
7. Vehicles					
8. Interests in part	nership or sole proprietor businesses				
9. Insurance, Retir	ement Plans, IRAs, annuities, etc., payable to Es	tate			
10. Notes, judgmen	ts, and other debts due decedent				
11. Miscellaneous p					
12. Real estate wille	· · · ·		\$		
13. Estimated annu	al income of Estate				
			TOTAL P	ART I.	\$
P	ART II. PROPERTY WHICH CAN BE ADD	ED TO EST	ATE IF NEEDED	TO PA	Y CLAIMS
1. Joint accounts v	vith right of survivorship (List bank, etc., each accour	nt no., balance	, and joint owners.)		L
			. ,		\$
owned with right		liately transfe	erred on death or jo	intly	
· · · ·	property recoverable (G.S. 28A-15-10)				
4. Real estate own	ed by decedent and not listed elsewhere			k	
			TOTAL PA	RT II.	\$
	PART III. OTH				
1. There is	is not entireties real estate owned by dece	dent and spo	use.		
2. There are beneficiaries.	are not Insurance, Retirement Plans, IRA	s, annuities,	etc., payable to na	med	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME					
Date	Signature	Signature Of A	pplicant		
Deputy CSC	Assistant CSC Clerk Of Superior Court	Name Of Appli	cant (type or print)		
Notary	Date Commission Expires				
SEAL	County Where Notarized				

STATE OF NORTH CAROLINA	Fil	le No.	
County	Film	No. In The General Court Of Justice Superior Court Division Before The Clerk	
IN THE MATTER OF THE ESTATE OF:			
Name Of Decedent Name And Mailing Address Of Petitioner/Spouse		ORDER OF SUMMARY ADMINISTRATION G.S. 28A-28-1 et. seq	
	Telephone No.		
Legal Residence (County, State)	County Will Admitted To Probate	File No.	
Name And Address Of Attorney, If Any		Telephone No.	

The Court, in the exercise of its jurisdiction over the probate of wills and the administration of estates, finds that the Petition For Order Of Summary Administration, and supporting evidence, if any, comply with the requirements of G.S. 28A-28-2, and that the above named petitioner/spouse is entitled to summary administration.

Based upon these findings, the Court orders that the estate listed above be administered in accordance with Article 28 of Chapter 28A of the General Statutes of North Carolina, that no further or other administration of the estate is necessary. that the above named petitioner/spouse is fully authorized by the laws of North Carolina to receive, administer, and dispose of all of the assets belonging to the estate, including but not limited to wages and salary of the decedent, accounts and deposits in financial institutions, ownership rights in stocks and securities, the title and license to any motor vehicle registered to the decedent, and the right to convey, lease, sell or mortgage any real estate devised to or inherited by the petitioner from the decedent, and that the above named petitioner/spouse, to the extent of the value of the property received by the petitioner/spouse under the will of the decedent or by intestate succession, assumes all liabilities of the decedent that were not discharged by reason of death, and assumes liability for all taxes and valid claims against decedent or against the estate.

The Court notes that under G.S. 28A-28-5, the person paying, delivering, transferring or issuing property or evidence thereof pursuant to this Order is discharged and released to the same extent as if the person dealt with a duly qualified personal representative of the decedent's estate. If any person to whom the order is presented refuses to pay, deliver, transfer, or issue any property or evidence thereof, the property may be recovered in an action brought for that purpose by the petitioner/spouse, and the court costs and attorney's fees incident to the action shall be taxed against the person whose refusal made the action necessary.

	Date
	Name Of Presiding Official (Type Or Print)
	EX OFFICIO JUDGE OF PROBATE
	Signature Of Presiding Official
	Assistant CSC Clerk Of Superior Court
	SEAL
	CERTIFICATION
I certify that this is a true and complete c	opy of the original Order Of Summary Administration on file in this office.
Date	Signature
AOC-E-904M, New 2/96	Deputy CSC Assistant CSC Clerk Of Superior Court
© 1997 Administrative Office of the Courts	

Date

STATE OF NORTH CAROLINA	File No.
Mecklenburg County	In The General Court Of Justice Superior Court Division Before The Clerk
IN THE MATTER OF THE ESTATE OF:	
ime Of Decedent ime, Street Address, PO Box, City, State and Zip Code of Affiant	
	FAMILY HISTORY AFFIDAVIT
	INTERROGATORIES ABOUT DECEDENT AND FAMILY
lephone No.	—
gal Residence (County, State)	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 m	narriage:
Name Address	5
·	
c. Is there an unborn child?	No
2. Did any of the children listed above die prior to the date t	the decedent died?
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:	
(Ove	er)

b.	Names and Addresses of Children Born in	nto this marria	age:			
	Name	Address				
a.	decedent have any children that were bo If yes, list names and addresses: Name	orn <u>outside</u> of Address	marriage?		Yes	□ No
a.	decedent leave: An adopted child? Yes A child that has been adjudged mentally	No y incompetent	t?		Yes	No
6. Are the	parents of the decedent living?		Yes	No	If yes, lis	st names below.
a.						
b.	Father:					
7. How m	any brother and sisters did the decedent	have?				
	Name	Address (if k	nown)			
	of the siblings listed above die prior to the figure of the siblings listed above die prior to the sible of t	he date the de	ecedent died?		Yes	No
	Name of pre-deceased sibling(s):					-
						-
	Did the pre-deceased sibling(s) have chi	liaren?	Yes	No		
	If yes, names of children:					-
						-
Signature of Affiant	Da	te				
SWORN/AF	FIRMED AND SUBSCRIBED TO BEF	ORE ME				
Date	Signature					
Deputy CSC	Assistant CSC Clerk of Superio	or Court				
Notary	Date Commission Expires					
SEAL	County Where Notarized					

STATE OF NORTH CAROLINA	File No.		
County	In The General Court Of Justice Before The Clerk		
IN THE MATTER OF THE ESTATE OF			
Name Of Decedent	ESTATE TAX CERTIFIC (FOR DECEDENTS DYING ON O JANUARY 1, 1999, BUT PRIOR TO JAN	RAFTER	
Date Of Death		0 0 004 04 0 004 05 0	
NOTE: Use this form for a decedent who died on or after 1/1/199 use AOC-E-207. <u>An estate tax certification under G.S. 28A-21-2(a</u>	9, but prior to 1/1/2013. For a decedent who d	-	
I, the personal representative/fiduciary/spouse in the above estate, o			
1. a. The decedent died on or after 1/1/1999, but prior to 1/1. death was less than:	/2010, and the gross value of the estate at the ti	me of the decedent's	
<ul> <li>\$650,000 (If decedent died on or after 1/1/1999).</li> <li>\$675,000 (If decedent died on or after 1/1/2000).</li> <li>\$1,000,000 (If decedent died on or after 1/1/2002).</li> <li>b. The decedent died on or after 1/1/2010, but prior to 1/1.</li> </ul>	<ul> <li>\$1,500,000 (If decedent died on or after 1/1/200</li> <li>\$2,000,000 (If decedent died on or after 1/1/200</li> <li>\$3,500,000 (If decedent died on or after 1/1/200</li> <li>\$3,500,000 (If decedent died on or after 1/1/200</li> <li>\$2,000,000 (If decedent died on or after 1/1/200</li> </ul>	06). 09).	
2. I am the surviving spouse and sole heir of the decedent.			
3. The following is a listing of the amount and value of all the dec Carolina, at the time of the decedent's death. (Real estate owne one-half the fair market value. Bank or savings and loan accounts and should be included at one-half fair market value.)	d by husband and wife as tenants by the entirety shou	Ild be included at	
PERSONAL	PROPERTY	_	
(Include full value of joint ownership deposit accounts and securities except b	between husband and wife - there, include one-half.)	Value	
Cash, Securities, Savings		¢	
Other Personal Property		\$	
Life Insurance			
	ROPERTY		
(If real estate was owned by husband and wife as tenants by the entirety, include of Description And Location	ne-halt value and so indicate.)	Value	
		\$	
TRAN	SFERS		
(Total Value Of Transfers from Side Two)		\$	
TOTAL VALUE OF PERSONAL PROPERTY, RI	EAL PROPERTY, AND TRANSFERS	\$	
	· · · · · · · · · · · · · · · · · · ·	1	
Original - File	Copy - Taxpaver		

Use the space below to explain any transfers over which the decedent retained any interest (such as a life estate), as well as any transfers of property within three years of death without adequate valuable consideration. (List name of donee, date of transfer, description of property, and value as of date of death.) Value \$ **TOTAL VALUE OF TRANSFERS** \$ Date Signature Date Signature Title Of Personal Representative/Fiduciary/Spouse Title Of Personal Representative/Fiduciary/Spouse Address Of Personal Representative/Fiduciary/Spouse Address Of Personal Representative/Fiduciary/Spouse SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME Signature Of Person Authorized To Administer Oaths Date Date Signature Of Person Authorized To Administer Oaths Deputy CSC Assistant CSC Clerk Of Superior Court Deputy CSC Assistant CSC Clerk Of Superior Court Date Commission Expires Date Commission Expires Notary Notary County Where Notarized County Where Notarized SEAL SEAL NOTE TO PERSONAL REPRESENTATIVE/FIDUCIARY/SPOUSE AND CLERK: The final accounting of an estate of a decedent who died before January 1, 2013 should not be approved unless the personal representative files with the Clerk of Superior Court an Estate Tax Certification, (AOC-E-212 or AOC-E-207) or a certificate issued by the Secretary of Revenue stating the estate tax liability has been satisfied.