

Guidelines for ASSIGNMENT OF TITLE

[N.C.G.S. 20-77(b)]

This packet contains the following forms:

➤ Family History Affidavit

The Affidavit of Authority to Assign Title (MVR-317) form is not available online. The form must be mailed to you or picked up from the Clerk of Superior Court's office. The draft version of the form found in this packet is for informational purposes only and CANNOT be used for filing.

➤ 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.

ONLINE RESOURCES

- General Information about the [Estate Administration Process](#)
- Estates Division YouTube [Video Tutorials](#)
- NC Courts [Guide & File](#) Service
- Estates Division Appointment Calendar ([Click here](#) to view availability and reserve an appointment.)

THE ASSIGNMENT OF TITLE FORM MAY BE FILED UNDER THE FOLLOWING CIRCUMSTANCES...

- The decedent was a resident of Mecklenburg County at the time of death.
- No last will and testament of the decedent has been offered or will be offered for probate.
- All of the decedent's heirs agree to sign the form in the presence of a notary so that the vehicle can be transferred.
- The total fair market value of all motor vehicles owned by the decedent does not exceed \$5,000.
- The decedent's funeral and burial expenses have been paid in full.
- All persons who contributed to the payment of the decedent's funeral and burial expenses consent to the assignment of the vehicle's title.

This filing *cannot* be used unless all the above requirements are met.

STEPS FOR PROCESSING...

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

1. Completed, signed, and notarized Affidavit of Authority to Assign Title (MVR-317)*
2. Family History Affidavit*
3. Paid-in-full funeral and burial statements listing persons who paid the expenses
4. If any portion of these bills was paid by assignment of an insurance policy, then printed documentation identifying the beneficiary of the assigned policy.
5. Original Will (if one exists)
6. Death Certificate
7. Copy of the vehicle's title or registration and printed proof of the vehicle's fair market value
8. A \$3 filing fee for each vehicle. If a will is filed, an additional fee of \$1 plus \$0.25 for each page after the first.
We accept cashier's checks or money orders payable to "**Clerk of Superior Court.**"
PERSONAL CHECKS ARE NOT ACCEPTED.

*This document must be signed in the presence of a notary.

EXPLANATION OF TERMS:

- **Decedent:** Individual who passed away
- **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 may be dropped off during normal business hours at:

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

You may also mail completed filings to:

Clerk of Superior Court, Estates Division, PO Box 37971, Charlotte NC 28237

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

File in Mecklenburg County ONLY IF the decedent was a Mecklenburg County resident on the date of death.

AFFIDAVIT OF AUTHORITY TO ASSIGN TITLE

(ATTACHED TO AND MADE A PART OF THE ASSIGNMENT OF TITLE TO A VEHICLE WHEN THE OWNER DIES AND NO PERSONAL REPRESENTATIVE QUALIFIES OR IS EXPECTED TO QUALIFY)

(If minor or mentally incompetent children included among heirs, the surviving parent may act for such children.)
(Certificate of Clerk of Superior Court on reverse side must be executed.)

(I) (We) the undersigned, being first duly sworn, deposes and says:

1. That (Deceased Person's Name as printed on title) died on the (Day of Death) day of (Month and Year of Death)
 (a) Leaving a will which is on file in the office of the Clerk of Superior Court of (If a. is checked, enter County) County
 (b) Leaving no known will.

2. That the aforesaid (Full Name of the Deceased) died owning a motor vehicle described as follows:
Make (Vehicle Make), identification number (Vehicle ID Number), and that the motor vehicle herein-
above described was the only property of which the aforesaid (Full Name of the Deceased) died seized, except
(List any other property owned by the Deceased)

Check applicable block: Title attached Title lost < **(Select One)**

3. That no administrator, executor or other personal representative has qualified or is expected to qualify to administer his or her estate.

4. That his or her debts have been paid or that the proceeds from the sale of this vehicle will be used to apply against the debts.

5. That deceased was unmarried, or married ^(Select One) and is survived by: (wife) (husband) (if married, Spouse's Full Name)
_____ and (Enter Number of Children) children.

6. That the following are all of the heirs of said deceased:

NAME	ADDRESS	RELATIONSHIP	AGE
<u>(Full Name of Each Heir)</u>	<u>(Each Heir's Complete Mailing Address)</u>	<u>(Heir's Relationship to the Deceased)</u>	<u>(Heir's Age)</u>

7. That the heirs hereby assign interest in said vehicle to: (Printed Name of New Owner)

"I certify to the best of my knowledge that the odometer reading is: (Vehicle's Mileage) **(NO TENTHS)** and reflects the actual mileage of this vehicle unless one of the following statements is checked.

- 1. The mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage.

WARNING-ODOMETER DISCREPANCY.

To my knowledge the vehicle described herein has been has not been ^(Select One) involved in collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market retail value.

DATE VEHICLE DELIVERED TO NEW OWNER _____

"I am aware of the above odometer certification made by the seller."

Hand Printed Name and Signature(s) of New Owner(s) (Printed Name of New Owner & New Owner's Signature)

<u>(Printed Name of Each Heir & Heir's Signature)</u> <small>(SIGNATURE OF HEIRS AND HAND PRINTED NAME)</small>	<u>(Printed Name of Each Heir & Heir's Signature)</u> <small>(SIGNATURE OF HEIRS AND HAND PRINTED NAME)</small>
<u>(Printed Name of Each Heir & Heir's Signature)</u> <small>(SIGNATURE OF HEIRS AND HAND PRINTED NAME)</small>	<u>(Printed Name of Each Heir & Heir's Signature)</u> <small>(SIGNATURE OF HEIRS AND HAND PRINTED NAME)</small>
<u>(Printed Name of Each Heir & Heir's Signature)</u> <small>(SIGNATURE OF HEIRS AND HAND PRINTED NAME)</small>	<u>(Printed Name of Each Heir & Heir's Signature)</u> <small>(SIGNATURE OF HEIRS AND HAND PRINTED NAME)</small>

AFFIDAVIT

Date _____ County _____ State _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

(Notary must complete with printed name of each heir who sign's in the notary's presence) _____ seller(s)/name(s) of principal(s).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL)

My Commission expires: _____

(See reverse side for additional affidavit space)

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:

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>	