

Application Guidelines for YEAR'S ALLOWANCE

[N.C.G.S. 30-15, 30-16, 30-17, 30-21]

This packet contains the following forms:

- **Application and Assignment Year's Allowance (AOC-E-100)**
- **Marriage Affidavit**
- **Family History Affidavit**

➤ 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
- View Estates Division WebEx [Virtual Appointment Availability](#)
([Click here](#) to submit an appointment request)

THE YEAR'S ALLOWANCE IS AVAILABLE IN THE FOLLOWING SITUATIONS...

- The decedent lived in North Carolina and left a surviving spouse or eligible child
- The decedent has personal property located in North Carolina and the surviving spouse is a North Carolina resident.

This filing *cannot* be used when:

- It has been more than twelve months since the date of death
- The decedent left no spouse and no child who would be eligible for the Allowance

STEPS FOR PROCESSING...

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

1. Application and Assignment Year's Allowance (AOC-E-100)
2. Marriage Affidavit
3. Family History Affidavit
4. Supporting documents for the decedent's personal property
5. Original Will (if one exists)
6. Death Certificate
7. Filing fee: \$20 plus a \$3 certified copy fee per item of property to be transferred
(Acceptable forms of payment: Certified check or money order payable to "**Clerk of Superior Court.**")

EXPLANATION OF TERMS:

- **Decedent:** Individual who passed away
- **Applicant:** The person who is applying for a year's allowance for themselves or on the behalf of the decedent's surviving spouse or qualifying child
- **Affidavit:** A sworn or affirmed statement that has been made under oath.
- **Affiant:** The person who is making a sworn or affirmed statement under oath.
- **Personal Representative:** A person who has been appointed to administer an estate. This term may refer to an executor, an administrator, or an administrator c.t.a.
- **Probate:** The legal process in which the decedent's estate is administered.

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

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

APPLICATION AND ASSIGNMENT YEAR'S ALLOWANCE

Name Of Decedent

Date Of Death

G.S. 30-15, 30-16, 30-17, 30-21

I am applying for an allowance for a year's support for the person(s) named and state:

1. a. The decedent died a resident of this county on the date shown above.
 b. The decedent did not die a resident of this county, but personal property that belonged to the decedent at his or her death, which was on the date shown above, is located in this county.
2. The surviving spouse, if any, named below is entitled to an allowance from the personal property of the decedent of the value of sixty thousand dollars (\$60,000), for a year's support if the surviving spouse has not forfeited that right.* The child(ren), if any, named below is/are entitled to an allowance of five thousand dollars (\$5,000) for a year's support.*
3. I request assignment of
 - Sixty thousand dollars (**\$60,000**) from the funds or other personal property of the decedent for a year's support to the surviving spouse.
 - Five thousand dollars (**\$5,000**) from the funds or other personal property of the decedent for a year's support to each child named below.

SPOUSE AND CHILD(REN)* ENTITLED TO ALLOWANCE

Full Name	Age	Relationship	Complete Address (including zip code)
		Spouse	
		Child	
		Child	
		Child	
		Child	
		Child	
		Child	

***NOTE:** For a surviving spouse to be entitled to receive an allowance, he or she must have been a resident of North Carolina at the time of the decedent's death, or the decedent must have been a resident of North Carolina at that time. See S.L. 2019-113. For a child to be entitled to receive an allowance, he or she must be one of the following: (1) a child under the age of 18 years, including an adopted child or a child with whom the widow was pregnant at the death of her husband; (2) a child who is less than 22 years of age who is a full-time student in any educational institution; (3) a child under 21 years of age who has been declared mentally incompetent; (4) a child under 21 years of age who is totally disabled; (5) a person under the age of 18 years who resided with the deceased parent at the time of death and to whom the deceased parent or the surviving parent stood in loco parentis. See G.S. 30-17 and G.S. 12-3(16), (17).

Name And Address Of Applicant (type or print)

Telephone No. Of Applicant

Date

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> CSC <input type="checkbox"/> Magistrate	Date Commission Expires	<input type="checkbox"/> Spouse Of Decedent <input type="checkbox"/> Child/Full-Time Student <input type="checkbox"/> Notary <input type="checkbox"/> Personal Representative <input type="checkbox"/> Next Friend Of Child <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
SEAL	County Where Notarized	

Original-File Copy-Applicant
(Over)

ASSIGNMENT OF YEAR'S ALLOWANCE

I have examined the above application and have determined the money and other personal property of the decedent. I find that the allegations in the application are true and that each person(s) named in the application is entitled to the allowance requested.

I ASSIGN to the applicant the funds or other items of the personal property of the decedent listed below, which I have valued as indicated. This property is assigned free and clear of any lien by judgment or execution against the decedent and is to be paid by the applicant to the person(s) entitled. I assess as a DEFICIENCY the amount, if any, shown below, which is to be paid or delivered to the proper person when any additional personal assets of the decedent are discovered.

Personal Property Assigned	Value
TOTAL	\$
DEFICIENCY	\$

Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Magistrate	SEAL
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CERTIFICATION

I hereby certify that the foregoing is a True and Correct copy of the report in the Assignment of Year's Allowance in the matter of the above-referenced estate as recorded in this office and shall be sufficient to release the items listed as assigned to the surviving spouse or children of the deceased as provided under G.S. 30-15, 30-17, and 30-21.

Date	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	SEAL
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STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
BEFORE THE CLERK

File No.: _____

In the Matter of the Estate of:)
)
_____)

AFFIDAVIT

I, _____ (Affiant's printed name), the undersigned affiant, first being duly sworn, depose and say that:

1. The undersigned and the above named decedent obtained a valid marriage license and were united in marriage in a lawful wedding ceremony;
2. The undersigned never divorced the above named decedent and was still married to said decedent on the date of said decedent's death;
3. The undersigned and said decedent have not signed a separation agreement that waives spousal inheritance rights;
4. The undersigned has not committed any act barring the right to a Year's Allowance under Article 1, Chapter 31A of the General Statutes of North Carolina, including but not limited to the following: voluntarily separating from the decedent and living in uncondoned adultery, willful abandonment of the decedent without just cause and refusal to live with the decedent continuing to the time of decedent's death, bigamy; and
5. The undersigned executes this Affidavit for the purpose of requesting the Year's Allowance as provided for in Article 4 of Chapter 30 of the General Statutes of North Carolina.

Further your Affiant sayeth not, this the _____ day of _____, 20_____.

Affiant

Sworn to and subscribed before me this the
_____ day of _____ 20_____.

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>	