

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

This Packet Contains the following forms:

- **Application and Petition for Summary Administration of Estate Without A Will (AOC-E-906)**
- **Order of Summary Administration (AOC-E-904)** ➤ **Estate Tax Certification (AOC-E-212)**
- **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)

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

- There is full understanding of all debts and monetary obligations associated with the estate
- The surviving spouse is the *sole* heir.
- **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 and Petition for Summary Administration [AOC-E-906]
3. Order of Summary Administration – *Prepared by the Deputy Clerk* [AOC-E-904M]
4. All assets listed in Part II require signature cards as proof of the listing
5. Qualification Fee: \$120 (Acceptable forms of payment: Certified check or money order payable to “**Clerk of Superior Court**”)
6. Closing Fee: 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. 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.

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.

_____ County

NOTE TO PETITIONER: *The decision to apply for summary administration rather than regular administration may have significant legal ramifications. **Petitioners 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

PETITION FOR SUMMARY ADMINISTRATION OF ESTATE WITHOUT A WILL

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

Social Security No. (last four digits)

County Of Domicile At Time Of Death

Date Of Death

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 Petitioner

Name And Address Of Attorney

Telephone No.

Telephone No.

Legal Residence (County, State)

I, the undersigned, petition the Court for an Order of Summary Administration of the above estate, and being first duly sworn or affirmed, say that in support of this petition:

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 heir of the decedent. There is no other heir under the North Carolina Intestate Succession Act.
3. The decedent did not leave a paper writing purporting to be the decedent's Last Will and Testament.
4. No application or petition for appointment of a personal representative is pending or has been granted in this State.
5. 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.
6. 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 AOC-E-202 Instructions.)
7. **To the extent of the property received by me under intestate succession, 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.**

(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., each account no., and balance.) | | \$ |
| _____ | | |
| _____ | | |
| _____ | | |
| 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 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. 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., each account no., balance, and joint owners.) | \$ |
| _____ | |
| _____ | |
| _____ | |
| 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 | Name Of Applicant (type or print) | |
| <input type="checkbox"/> Notary | Date Commission Expires | |
| SEAL | County Where Notarized | |

STATE OF NORTH CAROLINA

File No.

Film No.

_____ County

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

Legal Residence (County, State)

Name And Address Of Attorney, If Any

**ORDER
OF
SUMMARY ADMINISTRATION**

G.S. 28A-28-1 et. seq.

Telephone No.

County Will Admitted To Probate

File No.

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 copy of the original Order Of Summary Administration on file in this office.

Date

Signature

 Deputy CSC Assistant CSC Clerk Of Superior Court

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> | |

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

Date Of Death

ESTATE TAX CERTIFICATION
(FOR DECEDENTS DYING ON OR AFTER
JANUARY 1, 1999, BUT PRIOR TO JANUARY 1, 2013)

G.S. 28A-21-2, 28A-25-3

NOTE: Use this form for a decedent who died on or after 1/1/1999, but prior to 1/1/2013. For a decedent who died before 1/1/1999, use AOC-E-207. An estate tax certification under G.S. 28A-21-2(a1) is not required for a decedent who died on or after 1/1/2013.

I, the personal representative/fiduciary/spouse in the above estate, certify that:

- 1. a. The decedent died on or after 1/1/1999, but prior to 1/1/2010, and the gross value of the estate at the time of the decedent's death was less than:
 - \$650,000 (If decedent died on or after 1/1/1999).
 - \$1,500,000 (If decedent died on or after 1/1/2004).
 - \$675,000 (If decedent died on or after 1/1/2000).
 - \$2,000,000 (If decedent died on or after 1/1/2006).
 - \$1,000,000 (If decedent died on or after 1/1/2002).
 - \$3,500,000 (If decedent died on or after 1/1/2009).
- b. The decedent died on or after 1/1/2010, but prior to 1/1/2013, and there is no federal estate tax due or payable.

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 decedent's property, including real property located outside North Carolina, at the time of the decedent's death. (Real estate owned by husband and wife as tenants by the entirety should be included at one-half the fair market value. Bank or savings and loan accounts and other securities owned jointly by husband and wife with right of survivorship should be included at one-half fair market value.)

PERSONAL PROPERTY

| | Value |
|---|-------|
| <i>(Include full value of joint ownership deposit accounts and securities except between husband and wife - there, include one-half.)</i> | |
| Cash, Securities, Savings | \$ |
| Other Personal Property | |
| Life Insurance | |

REAL PROPERTY

| | Value |
|---|-------|
| <i>(If real estate was owned by husband and wife as tenants by the entirety, include one-half value and so indicate.)</i> | |
| Description And Location | \$ |
| | |
| | |
| | |
| | |

TRANSFERS

| | |
|---|----|
| <i>(Total Value Of Transfers from Side Two)</i> | \$ |
|---|----|

TOTAL VALUE OF PERSONAL PROPERTY, REAL PROPERTY, AND TRANSFERS

\$

Original - File Copy - Taxpayer
(Over)

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 | |
| Date | Signature Of Person Authorized To Administer Oaths | Date | Signature Of Person Authorized To Administer Oaths |
| <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court | | <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court | |
| <input type="checkbox"/> Notary | Date Commission Expires | Date Commission Expires | <input type="checkbox"/> Notary |
| SEAL | County Where Notarized | County Where Notarized | 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.