

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

County Of Domicile At Time Of Death

Date Of Death

Date Of Marriage

Name And Mailing Address Of Petitioner

Legal Residence (County, State)

PETITION FOR SUMMARY ADMINISTRATION OF ESTATE WITHOUT A WILL

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

Place Of Death (if different from County Of Domicile)

Place Of Marriage (if different from County Of Domicile)

Name And Address Of Attorney

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., account type, and balance. Do <u>not</u> list account nos.)		\$
2. Joint accounts without right of survivorship (List bank, etc., account type, balance, and joint owners. Do <u>not</u> list account nos.)	% 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., account type, balance, and joint owners. Do <u>not</u> list account nos.)	\$
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	