

(TYPE OR PRINT IN BLACK INK)

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:

Name, Street Address, City, State And Zip Code Of Decedent

APPLICATION

FOR PROBATE AND LETTERS

TESTAMENTARY OF ADMINISTRATION CTA

G.S. 28A-6-1; 28A-12-4; 31-16; 105-22

Social Security No. (Last Four Digits)

County Of Domicile At Time Of Death

Date Of Death

Date Of Will And Codicil(s) If Any

Place Of Death (If Different From County Of Domicile)

Name, Street Address, PO Box, City, State And Zip Code Of Applicant

Name, Street Address, PO Box, City, State And Zip Code Of Co-Applicant

Telephone No.

Telephone No.

Legal Residence (County, State)

Legal Residence (County, State)

Name, Street Address, PO Box, City, State And Zip Code Of Attorney

Attorney Bar No.

Telephone No.

I, the undersigned, applying for probate and for letters in the above estate, being first duly sworn, say that:

- 1. The decedent was domiciled in this county at the time of the decedent's death...
2. The decedent left the paper-writing(s) purporting to be the decedent's Last Will and Testament...
3. a. I am an executor, devisee or legatee named in the will...
b. I am the person entitled to apply for letters...
c. I am applying subject to G.S. 28A-6-2(1)...
d. I am the public administrator appointed by the Court.
4. I am not disqualified pursuant to G.S. 28A-4-2...
5. Following the execution of the will there were no children born to or adopted by the decedent...
6. After diligent inquiry, I have determined that the persons listed below are all the persons entitled to share in the decedent's estate.

Table with 4 columns: NAME, AGE, RELATIONSHIP, MAILING ADDRESS. Multiple empty rows for listing beneficiaries.

**PRELIMINARY INVENTORY**

*(Give values as of date of decedent's death. Continue on separate attachment if necessary.)*

**PART I. PROPERTY OF THE ESTATE**

1. Accounts in sole name of decedent <i>(List bank, etc., each account no. and balance.)</i> _____ _____ _____	<b>Est. Market Value</b> \$ _____ _____
2. Joint accounts <u>without</u> right of survivorship <i>(List bank, etc., each account no., balance and joint owners.)</i> _____ _____ _____	% Owned By Dec. % Owned By Dec. % Owned By Dec. % Owned By Dec.
3. Stocks/bonds/securities in sole name of decedent or jointly owned <u>without</u> right of survivorship..... _____	% Owned By Dec.
4. Cash and undeposited checks on hand..... 5. Household furnishings..... 6. Farm products, livestock, equipment and tools..... 7. Vehicles..... 8. Interest in partnership or sole proprietor businesses..... 9. Insurance, Retirement Plan, I.R.A., etc., payable to Estate..... 10. Notes, judgments, and other debts due decedent..... 11. Miscellaneous personal property.....	_____ _____ _____ _____ _____ _____ _____ _____
12. Real estate willed to the Estate..... 13. Estimated annual income of Estate.....	\$ _____

*(Base bond on this amount, if applicable.)* **TOTAL PART I.** ▶ \$ \_\_\_\_\_

**PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS**

1. Joint accounts with right of survivorship <i>(List bank, etc., each account no., balance &amp; joint owners.)</i> _____ _____ _____	\$ _____
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 Plan, I.R.A. accounts, annuities etc., payable to named beneficiaries..... 3. There <input type="checkbox"/> is <input type="checkbox"/> is not a potential claim for wrongful death arising under G.S. 28A-18.2.....	_____ _____ _____
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Signature Of Applicant	Signature Of Co-Applicant
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<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>	
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
<b>SEAL</b>	County Where Notarized	County Where Notarized	<b>SEAL</b>