

Guidelines for Starting **ADMINISTRATION BY CLERK**

[N.C.G.S. 28A-25-6]

This packet contains the following forms: Application for Administration by Clerk (AOC-E-432)

Fillable forms are available online at www.nccourts.org. Click "forms" and enter the form numbers below (all forms begin with AOC-E-__).

➤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.

ADMINISTRATION BY CLERK IS AVAILABLE IN THE FOLLOWING SITUATION...

To release funds to persons who paid the funeral expenses (up to \$3,500) and then to the persons who paid burial expenses (up to \$1,500) for the decedent.

- Proof of payment with listed payors is required from funeral/cremation service providers.
- If payment was by insurance - additional information may be required by the Court.

This filing *cannot* be used when:

- It has been less than twelve months from the date of death and there is a surviving spouse who has not waived a Year's Allowance
- It has been less than twelve months from the date of death and there is a minor child, a child less than 22 years of age who is a full time student, or a mentally incompetent or mentally disabled child under the age of 21
- The estate value exceeds \$5,000
- The Clerk can administer monetary assets only

⊗STEPS FOR PROCESSING...

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

1. Fill out the Application for Administration by Clerk (AOC-E-432)
2. All heirs must be listed on the form with their full names and addresses (SSN ***NOT*** required)
3. Funeral bill statement listing persons who paid the expenses
4. Burial statement listing persons who paid the expenses
5. Original Will (if one exists)
6. Death Certificate

NOTE: There is no Court filing fee required for this application

EXPLANATION OF TERMS:

- Decedent: Individual who passed away
- Petitioner: Person who is applying for compensation of funeral expenses for himself or another
- Intestate: The decedent died without leaving a Will.
- Testate: The decedent died leaving a Last Will & Testament
- 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 should be submitted to the
Clerk of Court of Mecklenburg County
Estates Division – Suite 3720
Mecklenburg County Courthouse – 832 E. 4th Street, Charlotte NC 28202
To file via mail: Mecklenburg County Clerk of Superior Court, Attn Estates, PO Box 37971, Charlotte NC 28237
Estates Phone Number: 704-686-0460

(TYPE OR PRINT IN BLACK INK)
STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
 Superior Court Division
 Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

**APPLICATION FOR
 ADMINISTRATION BY CLERK
 (Not To Exceed \$5,000)**

G.S. 28A-25-6

Date Of Death	SSN Of Decedent (last 4 digits)	Will?	<input type="checkbox"/> Yes	Marital Status Of Decedent
			<input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single

County Of Domicile At Date Of Death

Has a year's allowance been allotted? Yes No

Name And Address Of Petitioner

Name And Address Of Surviving Spouse

HEIRS	AGE	SSN	RELATIONSHIP	MAILING ADDRESS

PETITION

The undersigned petitioner, pursuant to G.S. 28A-25-6, shows the Court that the person/entity named below is indebted to the above-named decedent. No administrator has been appointed and the amount owed the decedent does not exceed \$5,000.00 and would not make the aggregate sum, which has come into the Clerk's hands, exceed the sum of \$5,000.00. The petitioner requests the Clerk to authorize all funds held by the person or entity named below be paid to and administered by the Clerk.

ASSETS

Bank Accounts (List checking, savings, etc., ea. account no. and balance)	AMOUNT
	\$
	\$
	\$
	\$
Uncashed Checks	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

FUNERAL EXPENSES

Name and Address of Funeral Home	Telephone Number of Funeral Home	Tax ID No.
	Total Funeral Expenses \$	Amount Paid \$

Persons Who Paid Any Part Of Funeral Expenses (Name, Address And Social Security Number) (Provide Documentation)

Name	Address	SSN	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

OTHER DEBTS

Name, Address And Social Security Number Of Creditors

Name	Address	Tax ID No.	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

CERTIFICATION

I hereby certify that the information shown above is true and correct to the best of my knowledge and belief.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	Signature Of Petitioner	
	Date	Name Of Petitioner (Type Or Print) Telephone No.
Signature	Address	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		
<input type="checkbox"/> Notary	Date Commission Expires	
SEAL	County Where Notarized	

NOTE TO CLERK: Use AOC-E-431 to authorize payment of funds to the clerk.

NOTE TO APPLICANT: In lieu of submitting the full Tax ID number or social security number above, an heir, creditor, or person paying any part of the funeral expenses may complete and file form AOC-G-120.