

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

_____ County

File No.

Abstract No.

Judgment Docket Book And Page No.

Date Judgment Filed

In The General Court Of Justice

District Superior Court Division

Name Of Judgment Creditor (Plaintiff)

VERSUS

Name Of Judgment Debtor (Defendant)

**MOTION TO CLAIM
EXEMPT PROPERTY
(STATUTORY EXEMPTIONS)**
(Use if judgment filed after 1/1/06)

G.S. 1C-1603(c)

NOTE TO JUDGMENT DEBTOR: *The Clerk of Superior Court cannot fill out this form for you. If you need assistance, you should talk with an attorney. **THERE ARE CERTAIN EXEMPTIONS UNDER STATE AND FEDERAL LAW THAT YOU ARE ENTITLED TO CLAIM IN ADDITION TO THE EXEMPTIONS LISTED BELOW.** These exemptions may include social security, unemployment, and workers' compensation benefits and earnings for your personal services rendered within the last 60 days. There is available to you a prompt procedure for challenging an attachment or levy on your property.*

You must pay \$20 to the Clerk of Superior Court to file this document. Payment can be made in cash, cashier's check or money order. If you cannot afford to pay this fee you can apply to the Clerk to file as an indigent by completing form "PETITION TO SUE/APPEAL/FILE MOTIONS" AOC-G-106.

I, the undersigned, move to set aside the property claimed below as exempt.

1. I am a citizen and resident of _____.
2. a. I am married to _____.
 b. I am not married.
3. My current address is _____.
4. The following persons are dependent on me for support:

Name(s) Of Person(s) Dependent On Me	Age	

5. I wish to claim as exempt (*keep from being taken*) my interest in the following real or personal property, or in a cooperative that owns property, that I use as a residence. I also wish to claim my interest in the following burial plots for myself or my dependents. I understand that my total interest claimed in the residence and burial plots may not exceed \$35,000.00 except that if I am unmarried and am 65 years of age or older, I am entitled to claim a total exemption in the residence and burial plots not to exceed \$60,000.00 so long as the property was previously owned by me as a tenant by the entireties or as a joint tenant with rights of survivorship, and the former co-owner of the property is deceased.

Street Address Of Residence

County Where Property Located

Township

No. By Which Tax Assessor Identifies Property

Legal Description (*Attach a copy of your deed or other instrument of conveyance or describe property in as much detail as possible. Attach additional sheets if necessary.*)

- I am unmarried and 65 years of age or older and this property was previously owned by me as a tenant by entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased.

Name(s) Of Owner(s) Of Record Of Residence

Estimated Value Of Residence (*What You Think You Could Sell It For*)

\$

Amount Of Lien(s) And Name(s) And Address(es) Of Lienholder(s): (How much money is owed on the property and to whom)	Current Amount Owed
	\$
	\$
Location Of Burial Plots Claimed	Value Of Burial Plots Claimed
	\$

6. I wish to claim the following personal property consisting of household furnishings, household goods, wearing apparel, appliances, books, animals, crops or musical instruments as exempt from the claims of my creditors (*in other words, keep them from being taken from me*). These items of personal property are held primarily for my personal, family or household use.

I understand that I am entitled to personal property worth the sum of \$5,000.00. I understand I am also entitled to an additional \$1,000.00 for each person dependent upon me for support, but not to exceed \$4,000.00 for dependents. I further understand that I am entitled to this amount after deducting from the value of the property the amount of any valid lien or security interest. Property purchased within ninety (90) days of this proceeding may not be exempt. (*Some examples of household goods would be TV, appliances, furniture, clothing, radios, record players.*)

Item Of Property	Fair Market Value (What You Could Sell It For)	Amount Of Lien Or Security Interest (Amount Owed On Property)	Name(s) Of Lienholder(s) (To Whom Money Is Owed)	Value Of Debtor's (Defendant's) Interest (Fair Market Value Less Amount Owed)
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

7. I wish to claim my interest in the following motor vehicle as exempt from the claims of my creditors. I understand that I am entitled to my interest in one motor vehicle worth the sum of \$3,500.00 after deduction of any valid liens or security interests. I understand that a motor vehicle purchased within ninety (90) days of this proceeding may not be exempt.

Make And Model	Year	Name Of Title Owner Of Record
Fair Market Value (What You Could Sell It For)		Name Of Lienholder(s) Of Record (Person(s) To Whom Money Is Owed)
\$		
Amount Of Liens (Amount Owed)		Value Of Debtor's (Defendant's) Interest (Fair Market Value Less Amount Owed)
\$		\$

8. (This item is to claim any other property you own that you wish to exempt.) I wish to claim the following property as exempt because I claimed residential real or personal property as exempt that is worth less than \$35,000.00, or I made no claim for a residential exemption under section (5) above. I understand that I am entitled to an exemption of up to \$5,000.00 on any property only if I made no claim under section (5) or a claim that was less than \$35,000.00 under Section (5). I understand that I am entitled to claim any unused amount that I was permitted to take under section (5) up to a maximum of \$5,000.00 in any property. (*Examples: If you claim \$34,000 under section (5), \$1,000 allowed here; if you claim \$30,000 under section (5), \$5,000 allowed here; if you claim \$35,000 under section (5), no claim allowed here.*) I further understand that the amount of my claim under this section is after the deduction from the value of this property of the amount of any valid lien or security interests and that tangible personal property purchased within ninety (90) days of this proceeding may not be exempt.

Item Of Personal Property Claimed	Fair Market Value	Amount Of Lien(s)	Name(s) Of Lienholder(s)	Value Of Debtor's (Defendant's) Interest
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

Real Property Claimed (*I understand that if I wish to claim more than one parcel, I must attach additional pages setting forth the following information for each parcel claimed as exempt.*)

Street Address		Estimated Value Of Property (What You Could Sell It For)
		\$
County Where Property Located	Township	No. By Which Tax Assessor Identifies Property

Description (Attach a copy of your deed or other instrument of conveyance or describe the property in as much detail as possible.)

VERSUS	<i>File No.</i>	<i>Abstract No.</i>
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<i>Name And Address Of Lienholder</i>	<i>Current Amount Owed</i>
	\$
<i>Name And Address Of Lienholder</i>	<i>Current Amount Owed</i>
	\$

(Attach additional sheets for more lienholders.)

9. I wish to claim the following items of health care aid (*wheelchairs, hearing aids, etc.*) necessary for myself my dependents.

Item	Purpose

10. I wish to claim the following implements, professional books, or tools (not to exceed \$2,000.00), of my trade or the trade of my dependent. I understand such property purchased within ninety (90) days of this proceeding may not be exempt.

Item	Estimated Value <i>(What You Could Sell It For)</i>	What Business Or Trade Used In
	\$	
	\$	
	\$	

11. I wish to claim the following life insurance policies whose sole beneficiaries are my spouse and/or my children as exempt.

Name Of Insurer	Policy Number	Beneficiary(ies)

12. I wish to claim as exempt the following compensation that I received or to which I am entitled for the personal injury of myself or a person upon whom I was dependent for support, including compensation from a private disability policy or an annuity, or compensation that I received for the death of a person upon whom I was dependent for support. I understand that this compensation is not exempt from claims for funeral, legal, medical, dental, hospital or health care charges related to the accident or injury that resulted in the payment of the compensation to me. *(Add additional sheets if more than one amount of compensation.)*

<i>Amount Of Compensation</i>	<i>Method Of Payment Lump Sum Or Installments (If Installments, State Amount, Frequency And Duration Of Payments)</i>
<i>Location/Source Of Compensation</i>	
\$	

13. I wish to claim my individual retirement accounts, including Roth accounts, and individual retirement annuities (IRA's) that are listed below.

<i>Name Of Custodian Of IRA Account</i>	<i>Type Of Account</i>	<i>Account Number</i>
<i>Name Of Custodian Of IRA Account</i>	<i>Type Of Account</i>	<i>Account Number</i>

14. I wish to claim the following funds I hold in a college savings plan that is qualified under section 529 of the Internal Revenue Code, not to exceed \$25,000.00. I understand that the plan must be for my child and must actually be used for the child's college expenses. I understand that I may not exempt any funds I placed in this account within the preceding 12 months, except to the extent that any contributions were made in the ordinary course of my financial affairs and were consistent with my past pattern of contributions.

College Savings Plan	Account Number	Value	Name(s) Of Child(ren) Beneficiaries
		\$	
		\$	

(Over)

15. I wish to claim the following retirement benefits to which I am entitled under the retirement plans of other states and governmental units of other states. I understand that these benefits are exempt only to the extent these benefits are exempt under the law of the state or governmental unit under which the benefit plan was established.

State/Governmental Unit	Name of Retirement Plan	Identifying Number

16. I wish to claim as exempt any alimony, support, separate maintenance, or child support payments or funds that I have received or that I am entitled to receive. I understand that these payments are exempt only to the extent that they are reasonably necessary for my support or for the support of a person dependent on me for support.

Type Of Support	Person Paying Support	Amount Of Support	Location Of Funds

17. The following is a complete listing of my property which I do **NOT** claim as exempt.

Item	Location	Estimated Value
		\$
		\$
		\$

18. I certify that the above statements are true.

<i>Date</i>	<i>Signature Of Judgment Debtor/Attorney For Debtor (Defendant)</i>
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19. A copy of this Motion was served on the judgment creditor (plaintiff) by: delivering a copy to the judgment creditor (plaintiff) personally delivering a copy to _____, the judgment creditor's attorney. depositing a copy of this Motion in a post-paid properly addressed envelope in a post office, addressed to the judgment creditor (plaintiff) at the address shown on the notice of rights served on me. depositing a copy of this motion in a post-paid properly addressed envelope in a post office, addressed to the judgment creditor's (plaintiff's) attorney at the following address: _____

<i>Date</i>	<i>Address And Phone Number Of Attorney For Debtor (Defendant)</i>
<i>Signature Of Judgment Debtor/Attorney For Debtor (Defendant)</i>	