

# 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

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

G.S. 28A-25-6

Name Of Decedent

Date Of Death

Will  Yes  
 No

County Of Domicile At Date Of Death

Marital Status Of Decedent

Married  Separated  Divorced  Single/Widow(er)

Name And Address Of Applicant

Has a year's allowance (to a spouse and/or eligible children of the decedent) been allotted?  Yes  No

Name And Address Of Surviving Spouse

Relationship Of Applicant To Decedent

Heirs	Age	Relationship	Mailing Address

### APPLICATION

The undersigned applicant, 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 previously come into the Clerk's hands exceed the sum of \$5,000.00. The applicant 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 bank, etc., account type, and balance. Do <u>not</u> list account nos.)	Amount
	\$
	\$
	\$
	\$
Uncashed Checks	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

(Over)

	<b>FUNERAL EXPENSES</b>	
--	-------------------------	--

Name And Address Of Funeral Home	Telephone Number Of Funeral Home	Tax ID No.
	Total Funeral Expenses \$	Amount Paid \$
		Balance Due \$

**Persons Who Paid Any Part Of Funeral Expenses** (Name, Address, and Amount Paid - provide documentation)

Name	Address	Amount
		\$
		\$
		\$
		\$
<b>TOTAL</b> ▶		\$

**NOTE TO APPLICANT:** An heir, creditor, or person paying any part of the funeral expenses may complete and file form AOC-G-120 in order to make certification as to that person's identity (including Tax ID/Social Security number) and to provide notice of deposit on a form that is not to be placed in the public file.

	<b>OTHER DEBTS</b>	
--	--------------------	--

**Name, Address, And Tax ID Number Of Creditors**

Name	Address	Tax ID No.	Amount
			\$
			\$
			\$
			\$
<b>TOTAL</b> ▶			\$

	<b>APPLICANT'S SIGNATURE</b>	
--	------------------------------	--

I agree that the information in this filing is true to the best of my knowledge, information, or belief. I understand that, in some circumstances, persons who make false filings can be subject to legal penalties or sanctions and, depending on the situation, may be charged with a crime.

Date	Signature Of Applicant
------	------------------------

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