



State of West Virginia

County of Harrison, ss:

IN RE: The Estate of _____

DOD: _____

**Affidavit for Ancillary Administration
Of West Virginia Real Estate
Without Appointment
(Testate with Authenticated Copy)**

STATE OF _____

COUNTY OF _____, to-wit:

I, _____, whose address is _____, being first duly sworn, upon oath and under penalty of perjury, do depose and say as follows:

1. The decedent, _____, died Testate on _____, a resident of _____ County, in the State of _____, and a certified death certificate has been furnished herewith for filing in this County.

2. On _____ (date), the following person(s) was/were appointed as the personal representative(s) of the Estate of _____ by the _____ (name of foreigncourt), of _____ County, State of _____.

a. Name: _____.

Address: _____.

b. Name: _____.

Address: _____.

**From Continuation Sheets
Check () if attached.**

3. An authenticated copy of the Last Will and Testament of the decedent dated _____, without any codicil thereto () or with codicil(s) thereto dated _____ () [Check if applies] and the certificate of probate of such other state or jurisdiction is being furnished herewith for recording in this County.

4. The Decedent died owning and possessing the following real estate situate in West Virginia:

<u>Description:</u>	<u>County</u>	<u>Assessed Value</u>	<u>Fair Market Value</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
From Continuation Sheets Check () if attached.		TOTAL:	=====

5. Pursuant to the provisions of the Last Will and Testament of _____, the decedent devised the aforesaid real estate to the following beneficiaries of the estate:

- a. Name: _____
 Address: _____
 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____
- b. Name: _____
 Address: _____
 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____
- c. Name: _____
 Address: _____
 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____
- d. Name: _____
 Address: _____
 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____
- e. Name: _____
 Address: _____
 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____

**From Continuation Sheets
Check () if attached.**

6. The Estate of _____, the decedent, will be/has been fully administered by the domiciliary personal representative under the domiciliary proceedings in the other state or jurisdiction. No appointment of an ancillary personal representative to administer the decedent's real estate within the State of West Virginia is necessary for any proper purpose.

7. I have personal knowledge of the above facts and am interested in the Estate of _____, the decedent, as the () acting domiciliary personal representative, () surviving spouse, () beneficiary under the decedent's will, () heir at law, or () other _____ (describe relationship or interest.) **[Please only check one]**

Signature

Date

The foregoing instrument was acknowledged before me this ____ day of _____, _____.

My Commission expires: _____.

Notary Public

NOTARY SEAL

Number of Continuation sheets attached: _____