

United States of America

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 Original Will)

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 (with a will) on _____ (date of death), a resident of _____ County, State of _____, and a certified death certificate has been furnished herewith for filing in this County.
2. The decedent died with an ORIGINAL Last Will and Testament of the decedent dated _____, without any codicil thereto () or with codicil(s) thereto dated _____ () [Check if applies]. Pursuant to the laws of the State of _____, which was the domicile or legal residence of the decedent at his/her death, probate of such original document(s) has not been made and is not required to be made in the State of _____, as set forth in _____ (cite statute or case law or other reason). The aforesaid ORIGINAL Last Will and Testament of the decedent, together with any codicil(s), is furnished herewith for recording in this County as permitted by West Virginia Code § 41-5-13(e).
3. Under the Last Will and Testament of the decedent, the following person(s) is/are nominated to be the personal representative(s) of the Estate of _____:

a. Name: _____

Address: _____

b. Name: _____

Address: _____

Check () if Continuation sheets attached.

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: _____

Check () if Continuation sheet is attached.

6. 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 () nominated personal representative, () surviving spouse, () beneficiary under the decedent's will, () heir at law, or () other _____ (describe relationship or interest).

[Please only check one]

Witness my hand and seal this _____ day of _____, 20_____.

Signature of Affiant

Date

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

My Commission expires: _____.

Notary Public

NOTARY SEAL

Number of Continuation sheets attached: _____