

STATE OF NORTH CAROLINA

File No.

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

_____ County

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Minor/Ward/Trust

ORDER TO FILE INVENTORY OR ACCOUNT

G.S. 28A-20-2, -3; 28A-21-4; 35A-1262, -1264; 36C-2-208, -209

T Name And Address Of Fiduciary

O

Estate Trust Guardianship

TO THE FIDUCIARY NAMED ABOVE:

You qualified to administer the estate of the above-named decedent/minor/ward/trust.

You are hereby notified that:

- 1. you have failed to file your inventory within three (3) months after your qualification as required by law.
- 2. you have failed to file your annual account as required by law.
- 3. you have failed to file your final account as required by law.
- 4. the inventory or account which you submitted is insufficient or unsatisfactory, in that:

It is ORDERED that you file a sufficient and satisfactory inventory/account in this office within twenty (20) days after service of this order upon you.

TAKE NOTICE that if your inventory/account is not filed within twenty (20) days after the service of this Order, or if there is not good cause shown for your failure to do so, then a proceeding for contempt may be brought against you and you may be removed as fiduciary and be committed to the county jail for an indefinite period.

Date _____ Signature _____

Assistant CSC Clerk Of Superior Court

RETURN OF SERVICE

I certify that this Order was received and served as follows:

- by leaving a copy of this Order with the fiduciary.
- by leaving a copy of this Order at the dwelling house or usual place of abode of the fiduciary named above with a person of suitable age and discretion then residing therein.
- as the fiduciary is a corporation, service was effected by delivering a copy of this Order to the person named below.

Name And Address Of Person With Whom Copy Left (if corporation, give title of person copy left with)

- the fiduciary WAS NOT served for the following reason:

Date Received _____ Date Served _____ Date Returned _____ Name Of Sheriff _____

County _____ Deputy Sheriff Making Return _____

Copy To _____