

# STATE OF NORTH CAROLINA

File No.

\_\_\_\_\_ County

**NOTE TO PETITIONER:** *The decision to apply for summary administration rather than regular administration may have significant legal ramifications. **Petitioners are advised to seek legal counsel.***

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

## IN THE MATTER OF THE ESTATE OF:

## PETITION FOR SUMMARY ADMINISTRATION OF ESTATE WITHOUT A WILL

G.S. Ch. 28A, Art. 28

Name And Address Of Decedent

Social Security No. (last four digits)

County Of Domicile At Time Of Death

Date Of Death

Place Of Death (if different from County Of Domicile)

Date Of Marriage

Place Of Marriage (if different from County Of Domicile)

Name And Mailing Address Of Petitioner

Name And Address Of Attorney

Telephone No.

Telephone No.

Legal Residence (County, State)

I, the undersigned, petition the Court for an Order of Summary Administration of the above estate, and being first duly sworn or affirmed, say that in support of this petition:

1. The decedent was domiciled in this county at the time of the decedent's death.
2. I am the surviving spouse of the decedent, and I am the sole heir of the decedent. There is no other heir under the North Carolina Intestate Succession Act.
3. The decedent did not leave a paper writing purporting to be the decedent's Last Will and Testament.
4. No application or petition for appointment of a personal representative is pending or has been granted in this State.
5. The decedent  did  did not own an interest in real estate, wholly or partially, at the time of the decedent's death. A complete legal description, sufficient to specifically identify each tract of such real property, is attached.
6. The decedent  did  did not own an interest in personal property at the time of the decedent's death. A complete description of the nature of decedent's personal property, the location and probable value of said property, to the extent that these facts are known or can with reasonable diligence be ascertained, is on the reverse. (**NOTE: See the instructions in AOC-E-202 Instructions.**)
7. **To the extent of the property received by me under intestate succession, I assume all liabilities of the decedent that were not discharged by reason of death, and I assume liability for all taxes and valid claims against the decedent or the estate, as provided in G.S. 28A-28-6.**

(Over)

## INVENTORY

(Give values and descriptions as of date of decedent's death. Continue on separate attachment if necessary.)

PART I. PROPERTY OF THE ESTATE		Market Value
1. Accounts solely in the name of decedent (List bank, etc., each account no., and balance.)		\$
_____		
_____		
_____		
2. Joint accounts <b>without</b> right of survivorship (List bank, etc., each account no., balance, and joint owners.)		
_____	% Owned By Decedent	
_____	% Owned By Decedent	
_____	% Owned By Decedent	
_____	% Owned By Decedent	
3. Stocks/bonds/securities solely in the name of decedent or jointly owned <b>without</b> right of survivorship	% Owned By Decedent	
4. Cash and undeposited checks on hand		
5. Household furnishings		
6. Farm products, livestock, equipment, and tools		
7. Vehicles		
8. Interests in partnership or sole proprietor businesses		
9. Insurance, Retirement Plans, IRAs, annuities, etc., payable to Estate		
10. Notes, judgments, and other debts due decedent		
11. Miscellaneous personal property		
12. Estimated annual income of Estate		
<b>TOTAL PART I.</b>		\$

PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS	
1. Joint accounts with right of survivorship (List bank, etc., each account no., balance, and joint owners.)	
_____	\$
_____	
_____	
2. Stocks/bonds/securities registered in beneficiary form and immediately transferred on death or jointly owned with right of survivorship	
3. Other personal property recoverable (G.S. 28A-15-10)	
4. Real estate owned by decedent and not listed elsewhere	
<b>TOTAL PART II.</b>	

PART III. OTHER PROPERTY	
1. There <input type="checkbox"/> is <input type="checkbox"/> is not entireties real estate owned by decedent and spouse.	
2. There <input type="checkbox"/> are <input type="checkbox"/> are not Insurance, Retirement Plans, IRAs, annuities, etc., payable to named beneficiaries.	

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature	Signature Of Applicant
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	Name Of Applicant (type or print)	
<input type="checkbox"/> Notary	Date Commission Expires	
<b>SEAL</b>	County Where Notarized	