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

Name, Street Address, City, State, And Zip Code Of Decedent

APPLICATION FOR LETTERS OF ADMINISTRATION

G.S. 28A-6-1, 28A-12-4

County Of Domicile At Time Of Death	*Date Of Death*	*Place Of Death (if different from County Of Domicile)*

Name, Street Address, PO Box, City, State, And Zip Code Of Applicant	*Name, Street Address, PO Box, City, State, And Zip Code Of Co-Applicant*
Legal Residence (County, State)	*Legal Residence (County, State)*
Name, Street Address, PO Box, City, State, And Zip Code Of Attorney	*Attorney Bar No.*

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

☐ No ☐ Yes: *(explain)*

I, the undersigned, applying for letters of administration in the above estate, being first duly sworn, say that:

1. The decedent was domiciled in this county at the time of the decedent's death, or left property or assets in this county, or was a nonresident motorist who died in North Carolina; ☐ no other proceeding for probate or for administration is pending in any jurisdiction.
2. ☐ a. I am the person entitled to apply for letters or am applying after all persons having prior right to apply have renounced.
   ☐ b. I am applying subject to G.S. 28A-6-2(1) and move that all necessary notices be issued.
   ☐ c. I am the public administrator appointed by the Court.
3. I am not disqualified pursuant to G.S. 28A-4-2 to administer the estate and have not renounced my right to do so.
4. After diligent inquiry, I have determined that the persons listed below are all the persons entitled to share in the decedent's estate. *(If there is a court-appointed guardian for any such person(s), list the guardian's name and address on an attachment.)*

NAME	AGE	RELATIONSHIP	MAILING ADDRESS

Original - File Copy - Applicant
(Preliminary Inventory On Reverse)

AOC-E-202, Rev. 7/24

PRELIMINARY INVENTORY

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

PART I. PROPERTY OF THE ESTATE

	Est. Market Value
1. Accounts solely in the name of decedent *(List bank, etc., account type, and balance. Do not list account nos.)*	
	$
2. Joint accounts **without** right of survivorship *(List bank, etc., account type, balance, and joint owners. Do not list account nos.)*	
% 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 **without** 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	
(Base bond on this amount, if applicable.) **TOTAL PART I.**	$

PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS

1. Joint accounts with right of survivorship *(List bank, etc., account type, balance, and joint owners. Do not list account nos.)*	
	$
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	
TOTAL PART II.	$

PART III. OTHER PROPERTY

1. There ☐ is ☐ is not entireties real estate owned by decedent and spouse.
2. There ☐ are ☐ are not Insurance, Retirement Plans, IRAs, annuities, etc., payable to named beneficiaries.
3. There ☐ is ☐ is not a potential claim for wrongful death arising under G.S. 28A-18-2.

Signature Of Applicant	*Signature Of Co-Applicant*
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**
Date / *Signature Of Person Authorized To Administer Oaths*	*Date* / *Signature Of Person Authorized To Administer Oaths*
☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court*	☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court*
☐ *Notary* *Date Commission Expires*	*Date Commission Expires* ☐ *Notary*
SEAL *County Where Notarized*	*County Where Notarized* **SEAL**