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. I am of lawful age.

2. The decedent, _____, died testate (with a will) on _____(date of death), a resident of _____ County, State of _____.

3. The decedent died with an ORIGINAL Last Will and Testament of the decedent dated _____, without any codicil thereto ( ) or with codicils(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).

4. Under the Last Will and Testament of the decedent, the following person(s) is/are nominated to be the personal representatives(s) of the Estate of _____ _____:

a. Name: _____

Address: _____

_____

b. Name: _____

Address: _____

_____

Check ( ) if Continuation sheet is attached.

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

	Legal Description	County	Assessed Value	Fair Market value
a.				
b.				
c.				
d.				
	From Continuation Sheets Check ( ) if attached			
	Total			

6. 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 received: _____

b. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage received: _____

c. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage received: _____

d. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage received: _____

Share or percentage: _____

Check ( ) if Continuation sheet is attached

7. 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.

8. 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). [Check one]

_____

Signature of Affiant

Taken, subscribed, and sworn to before me, _____, a Notary Public for the County of _____, State of _____, the undersigned authority by _____, this ____ day of _____, 20___.

_____

Notary Public

{seal}

My Commission expires:

_____

This document was prepared by: _____.

Number of Continuation sheets attached: ___