IN THE COUNTY COMMISSION OF

RITCHIE COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____

DOD: _____

AFFIDAVIT FOR ANCILLARY ADMINISTRATION

OF WEST VIRGINIA REAL ESTATE

WITHOUT APPOINTMENT

(TESTATE WITH AUTHENTICATED 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 _____ and a certified death certificate has been furnished herewith for filing in this County.

3. On _____ (date), the following person(s) was/were appointed as the personal representative of the Estate of _____ by the _____ (name of foreign court), of _____ County,

_____ (state), being case number _____, if applicable:

a. Name: _____

Address: _____

_____

b. Name: _____

Address: _____

_____

4. An authenticated copy of the Last Will and Testament of the decedent dated _____, without any codicil thereto ( ) or with codicil(s) thereto dated _____ ( ) [Check if applies] and the certificate of probate of such other state or jurisdiction is being furnished herewith for recording in this County on the _____ day of _____, 20____ in the _____ Book _____, on Page _____ or is attached to this Affidavit.

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.				
	Total (of all real estate, including that listed on Continuation Sheets [ ] check if applies)			

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. The Estate of _____, the decedent, will be/has been fully administered by the domiciliary personal representative under the domiciliary proceedings in the other state or jurisdiction. 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 ( ) acting domiciliary personal representative, ( ) surviving spouse, ( ) beneficiary under the decedent's will, ( ) heir at law, or ( ) other _____ (describe relationship or interest).

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

_____

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:

_____

Number of Continuation sheets attached: ____

This document was prepared by: _____ whose address is