



# Application of Fiduciaries

For Personal Representative of Estate for a Deceased Person

On Motion of \_\_\_\_\_ (Personal Representative(s) Name)

Decedent's Full Name from Will or Death Certificate \_\_\_\_\_

Last 4 of Decedent's Social Security Number \_\_\_\_\_ Date of Death \_\_\_\_\_

Surety Company (if applicable) \_\_\_\_\_

Amount of Bond (if applicable) \_\_\_\_\_

### Personal Representative(s)

Personal Representative Name and Fiduciary Title \_\_\_\_\_

Personal Representative Mailing address \_\_\_\_\_

Co- Personal Representative Name if applicable \_\_\_\_\_

Co-Personal Representative Mailing Address \_\_\_\_\_

### List of Heirs

Beneficiary Names as listed in Will with AKA or NKA as needed; **OR, ALL** heirs-at-law, including those who've pre-deceased

Relationship to Decedent

Beneficiary/Heir mailing address

## Affidavit & Oath

### LIST OF HEIRS, DISTRIBUTEES, DEVISEES & LEGATEES OF DECEDENT

\_\_\_\_\_ being duly sworn, deposes and says the names, residences and post-office addresses of the heirs and distributees of the Estate of \_\_\_\_\_, as set out in the foregoing affidavit are correct to the best of his or her knowledge and belief, except as to matters therein stated to be alleged on information and belief, and to those matters he or she believes them to be true; and affiant further states that such heirs and distributees as given as unknown upon diligent inquiry, he or she has been unable to ascertain their names and addresses. I will mail by first class postage prepaid, a copy of the notice of administration in accordance with West Virginia State Code §44-1-14(d) to the persons listed on this form. Further, in accordance with West Virginia State Code §44-1-3, I further swear that I will faithfully perform the duties of my office to the best of my skill and judgment.

Notarized Personal Representative Signature, Fiduciary Title

Notarized Co-Personal Representative Signature, Fiduciary Title (if applicable)

State of \_\_\_\_\_  
County of \_\_\_\_\_

NOTARY STAMP/SEAL

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_ (Print Personal Rep Name(s)).

Notary Signature: \_\_\_\_\_  
Commission Expires \_\_\_\_\_