AFFIDAVIT FOR ANCILLARY ADMINISTRATION OF WEST VIRGINIA REAL ESTATE WITHOUT APPOINTMENT (INTESTATE)

ТН	ΕC	COUNTY COMMISSIC	ON OF MONONGALIA C	COUNTY, WEST V	/IRGINIA	
IN	RE:	: THE ESTATE OF _				
DC	D:					
ST	ATI	E OF WEST VIRGINIA	Α,			
CO	UN	ITY OF MONONGALI	A, to-wit:			
I, _					, wl	nose address is
					, being firs	t duly sworn, upon
			ury, do depose and say as			
1. The decedent,, died on					died on	
			(date of death), a resid			County,
	State of The decedent has left no will so far as I k					d no will of the
		decedent has been pres	sented or probated in this s	state or in any other	state or jurisdict	ion.
	2.	_	re passed since the death of cedent's estate has been of			
	3.	A certified death certif	icate has been furnished h	erewith for filing in	n this County.	
I	4.	The Decedent died ow	ning and possessing the fo	ollowing real estate	situate in West V	/irginia:
	Des	scription		County	Assessed Value	Fair Market value
a.						
b.						
c.						
d.						
e.						
f.						
g.						

(add additional lines or pages if needed)

TOTAL

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5. The decedent,	, left as his/her heirs at law in accordance with the
laws of intestate descent and distribution of t	the State of West Virginia the following persons:
a. Name:	
Address:	
Relationship to Decedent:	
Share or percentage:	
b. Name:	
Address:	
Relationship to Decedent:	
Share or percentage:	
c. Name:	
Address:	
Relationship to Decedent:	
Share or percentage:	
d. Name:	
Address:	
Relationship to Decedent:	
Share or percentage:	
e. Name:	
Address:	
Relationship to Decedent:	
Share or percentage:	
e. Name:	
Address:	
Relationship to Decedent:	

(Add additional pages if needed)

Share or percentage:

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6.	No appointment of an ancillary persona	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.					
7.	7. 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, () heir at law, or () other(describe relationship or interest).					
Signat	ure of Affiant	Printed Name of Affiant				
Taken	, subscribed, and sworn to before me the	e undersigned authority by:				
	,					
		, (printed name of Affiant) thisday of				
		20				
	······································	, 2				
Notary	Public Signature					
Му Со	ommission expires:	{seal}				