AFFIDAVIT FOR ANCILLARY ADMINISTRATION OF WEST VIRGINIA REAL ESTATE WITHOUT APPOINTMENT - TESTATE WITH ORIGINAL WILL

THE C	COUNTY COMMISSION OF MONONGALIA COUNTY, WEST VIRGINIA		
IN RE	: THE ESTATE OF		
DOD:			
	E OF WEST VIRGINIA,		
	TTY OF MONONGALIA, to-wit:		
1,	, whose address is		
	, being first duly sworn, upon		
oath ar	nd under penalty of perjury, do depose and say as follows:		
1.	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.		
2.	The decedent died with an ORIGINAL Last Will and Testament of the decedent		
	dated, without any codicil thereto () or with codicil(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		
	documents(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 furnishe		
	herewith for recording in this County as permitted by West Virginia Code § 41-5-13(e).		
3.	Under the Last Will and Testament of the decedent, the following person(s) is/are nominated to be the		
	personal representative(s) of the Estate of(decedent's name):		
	a. Name:		
	Address:		
	b. Name:		
	Address:		

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

	Description	County	Assessed Value	Fair Market value
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
	TOTAL			
	(add additional	lines or pages if ne	eded)	
a. l Ad Re Sha	Pursuant to the provisions of the Last Will and Testar vised the aforesaid real estate to the following benefic Name: dress:	eiaries of the estate		
	lationship to Decedent:			
Sh	are or percentage:			
c. l	Name:			
Ad	ldress:			
Re	lationship to Decedent:			
Sh	are or percentage:			
d.]	Name:			

Address: _

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Relationship to Decedent:						
Share or percentage: e. Name:						
						Address: Relationship to Decedent:
Share or percentage:						
	ry personal representative to administer the decedent's real estate within ecessary for any proper purpose.					
7. I have personal knowledge of	I have personal knowledge of the above facts and am interested in the Estate of					
representative, () surviving sp	, the decedent, as the () acting domiciliary person representative, () surviving spouse, () beneficiary under the decedent's Will, () heir at law, or (other(describe relationship or interest).					
Signature of Affiant	Printed Name of Affiant					
Taken, subscribed, and sworn to before	re me the undersigned authority by:					
	, (printed name of Affiant) thisday of					
	, 20					
Notary Public Signature						
My Commission expires:	{seal}					