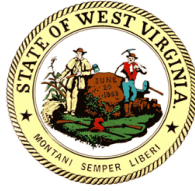


United States of America



State of West Virginia

243 High Street Room 123
Morgantown WV 26505-5461
www.monongaliacountyclerk.com

County of Monongalia, ss:

Phone: (304) 291-7230
Fax: (304) 291-7233
estates@monongaliacountyclerk.com

OPENING PROBATE FORMS & INSTRUCTIONS **WITH NO WILL (INTESTATE) WV Code Chapter 44**

1) Application of Fiduciaries/Oath of Administrator/trix Form (attached)

- Complete the Application with the Administrator/trix (s) name, decedent's name from the death certificate, the last 4 digits of the decedent's social security number, date of death, Surety Company (estate bond, if required) and the names and last known mailing addresses of **ALL** heirs-at-law. See the .pdf Family_Tree for assistance in determining the heirs-at-law.

2) Waiver of Administration (on the website, only if needed)

- During the first 30 days after death, only the next-of-kin can open probate. If there is more than one next-of-kin, Waivers of Administration are required from each, in addition to an estate bond. The 31st day after death or later, the Waiver is not needed, but the estate bond is still required.

3) Administrator Bond (estate bond, attached, if needed)

- If the Administrator/trix is the only heir-at-law, no bond is required. If there is more than one heir-at-law, and estate bond is required in the amount of the decedent's probate assets, excluding real estate. It needs to cover the amount of everything the decedent owned that was not jointly owned, and that did not have a beneficiary.

****All submissions must include a death certificate, which will be returned to you.**

Return the original, notarized forms, fees, and death certificate by mail (via certified or overnight mail) or they can be dropped off at the front desk. Our office hours are Monday – Friday, 9am to 5pm.

****You are welcome to drop-off your forms in person, but you may not be able to meet with the probate department without an appointment****

Filing Fees:

\$12 Application of Fiduciaries

No fee Waiver of Administration

\$12 Administrator Bond

\$20 Notice of Administration (This is the publication fee)

\$2.50/each Additional Letters of Administration (3 are included)

Monongalia County Clerk's Office
Attn: Probate Dept.
243 High Street, Room 123
Morgantown, WV 26505

We accept money orders or credit card payments. If you'd like to pay by credit card, please indicate that with your submission and leave a cell number that our staff can reach you at Mon.-Fri. 9am to 5pm. Please do not send personal checks.

We accept original, e-recorded probate documents. Please contact your attorney for information.

We will process the forms as quickly as possible, and mail you three Letters of Administration and your receipt. You'll also receive the Appraisal form, which is the next part of probate. Please see Overview of the Probate Process on our website. The Appraisal form is also available on the website.

If you'd like to make an in-person appointment to speak to someone in the probate department, please:

call 304-291-7230 x 7270

email estates@monongaliacountyclerk.com

or use our online scheduling link at
<https://monongaliacountyclerkoffice.as.me/schedule.php?appointmenttype=246126>



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 _____



Fiduciary Bond

Know All Men by These Presents:

Estate of _____ (Decedent's full name from Death Certificate or Will)

That we, _____ (name of administrator/trix) and _____

(Surety Co.), as surety in West Virginia, are held and firmly bound unto the State of West Virginia in the just and full sum of \$ _____ (amount of bond) to the payment whereof, well and truly to be made, we bind ourselves, our heirs, jointly and severally, firmly by these presents. Sealed with our seal and dated the _____ day of _____, 20_____.

THE CONDITION of the above obligation is such: That whereas the above bound _____ (name of administrator/trix) has taken the oath of _____ (administrator/trix) of the estate of _____ (name of decedent). Now, if the said _____ (name of administrator/trix) shall faithfully discharge the duties of his/her office as aforesaid and account for and pay as required by law all money which may come into his/her hands by virtue of said office of _____ (administrator/trix) then the above obligation to be void, otherwise to remain in full force and virtue.

Printed Administrator/trix Name and Fiduciary Title

Notarized Signature of Administrator/trix

Printed Name of Surety Company, and of Authorized Agent for Surety Company

Signature of Authorized Agent for Surety Company

State of _____

County of _____

Subscribed and sworn to this _____ day of _____, 20 _____,

by _____ (Printed

Name of Administrator/trix).

NOTARY STAMP/SEAL

Notary Signature: _____

Commission Expires _____