

# *Application Guidelines for* **ADMINISTRATION BY CLERK**

[N.C.G.S. 28A-25-6]

## **This packet contains the following forms:**

- **Application for Administration by Clerk (AOC-E-432);**
- **Family History Affidavit**

➤NOTE: Additional forms may be required to begin the qualification process and will be determined based upon the circumstances.

**READ FORMS CAREFULLY AS THEY CONTAIN INSTRUCTIONS AND INFORMATION NECESSARY IN THIS PROCESS.**

## **ONLINE RESOURCES**

- General Information about the [Estate Administration Process](#)
- Estates Division YouTube [Video Tutorials](#)
- NC Courts [Guide & File](#) Service
- Estates Division Appointment Calendar ([Click here](#) to view availability and reserve an appointment.)

## **ADMINISTRATION BY CLERK IS AVAILABLE IN THE FOLLOWING SITUATION...**

To release funds to persons who paid the funeral, cremation or burial expenses for the decedent.

- Proof of payment with listed payors is required from funeral/cremation/burial service providers.
- If payment was by insurance - additional information may be required by the Court.

## **This filing *cannot* be used when:**

- It has been less than twelve months from the date of death and there is a surviving spouse who has not waived a Year's Allowance
- It has been less than twelve months from the date of death and there is a minor child, a child less than 22 years of age who is a full-time student, or a mentally incompetent or mentally disabled child under the age of 21
- The estate value exceeds \$5,000
- The estate consists of assets that are not monetary

## **⊛STEPS FOR PROCESSING...**

The following items *must be presented* to the Court for filing:

1. Application for Administration by Clerk (AOC-E-432)
2. Family History Affidavit (**This document must be signed in the presence of a notary.**)
3. Funeral bill statement listing persons who paid the expenses
4. Burial statement listing persons who paid the expenses
5. Original Will (if one exists)
6. Death Certificate
7. A \$20 application fee. If a will is filed, an additional fee of \$1 plus \$0.25 for each page after the first.  
We accept cashier's checks or money orders payable to "**Clerk of Superior Court.**"  
**PERSONAL CHECKS ARE NOT ACCEPTED.**

## **EXPLANATION OF TERMS:**

- Decedent: Individual who passed away
- Petitioner: Person who is applying for compensation of funeral expenses for himself or another
- Intestate: The decedent died without leaving a Will
- Testate: The decedent died leaving a Last Will & Testament
- Heir: A person who inherits or is entitled by law or by the terms of a Will to inherit the estate of another

**Completed filings may be dropped off during normal business hours at:**

Mecklenburg County Courthouse, 832 E. 4<sup>th</sup> Street, Charlotte NC 28202

**You may also mail completed filings to:**

Clerk of Superior Court, Estates Division, PO Box 37971, Charlotte NC 28237

Estates Phone Number: 704-686-0460 Estates E-Mail: [mecklenburg.estates@nccourts.org](mailto:mecklenburg.estates@nccourts.org)

File in Mecklenburg County ONLY IF the decedent was a Mecklenburg County resident on the date of death.

# STATE OF NORTH CAROLINA

\_\_\_\_\_ County

File No.

In The General Court Of Justice  
Superior Court Division  
Before the Clerk

## IN THE MATTER OF THE ESTATE OF

## APPLICATION FOR ADMINISTRATION BY CLERK (Not To Exceed \$5,000)

G.S. 28A-25-6

Name Of Decedent

Date Of Death

Will  Yes  
 No

County Of Domicile At Date Of Death

Marital Status Of Decedent

Married  Separated  Divorced  Single/Widow(er)

Name And Address Of Applicant

Has a year's allowance (to a spouse and/or eligible children of the decedent) been allotted?  Yes  No

Name And Address Of Surviving Spouse

Relationship Of Applicant To Decedent

Heirs	Age	Relationship	Mailing Address

### APPLICATION

The undersigned applicant, pursuant to G.S. 28A-25-6, shows the Court that the person/entity named below is indebted to the above-named decedent. No administrator has been appointed and the amount owed the decedent does not exceed \$5,000.00 and would not make the aggregate sum which has previously come into the Clerk's hands exceed the sum of \$5,000.00. The applicant requests the Clerk to authorize all funds held by the person or entity named below be paid to and administered by the Clerk.

### ASSETS

Bank Accounts (List bank, etc., account type, and balance. Do <u>not</u> list account nos.)	Amount
	\$
	\$
	\$
	\$
Uncashed Checks	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

(Over)

	<b>FUNERAL EXPENSES</b>	
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Name And Address Of Funeral Home	Telephone Number Of Funeral Home	Tax ID No.
	Total Funeral Expenses \$	Amount Paid \$
		Balance Due \$

**Persons Who Paid Any Part Of Funeral Expenses** (Name, Address, and Amount Paid - provide documentation)

Name	Address	Amount
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

**NOTE TO APPLICANT:** An heir, creditor, or person paying any part of the funeral expenses may complete and file form AOC-G-120 in order to make certification as to that person's identity (including Tax ID/Social Security number) and to provide notice of deposit on a form that is not to be placed in the public file.

	<b>OTHER DEBTS</b>	
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**Name, Address, And Tax ID Number Of Creditors**

Name	Address	Tax ID No.	Amount
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

	<b>APPLICANT'S SIGNATURE</b>	
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I agree that the information in this filing is true to the best of my knowledge, information, or belief. I understand that, in some circumstances, persons who make false filings can be subject to legal penalties or sanctions and, depending on the situation, may be charged with a crime.

Date	Signature Of Applicant
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**NOTE TO CLERK:** Use AOC-E-431 to authorize payment of funds to the clerk.

**STATE OF NORTH CAROLINA**

File No. 

**Mecklenburg County**

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

**IN THE MATTER OF THE ESTATE OF:**

Name Of Decedent

Name, Street Address, PO Box, City, State and Zip Code of Affiant

Telephone No.

Legal Residence (County, State)

**FAMILY HISTORY AFFIDAVIT**

**INTERROGATORIES ABOUT DECEDENT AND FAMILY**

1. Marital Status:  Married  Widowed  Divorced  Never Married

a. If Married/Widowed/Divorced:

Name of Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Date of Divorce (or death): \_\_\_\_\_

b. Names and Addresses of children born into this marriage:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

c. Is there an unborn child?  Yes  No

2. Did any of the children listed above die prior to the date the decedent died?  Yes  No

a. If yes:

Name of pre-deceased child: \_\_\_\_\_

Did the pre-deceased child have children?  Yes  No

If yes, names of children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the decedent been married more than once?  Yes  No

a. If yes, name of prior spouse: \_\_\_\_\_

(Over)

b. Names and Addresses of Children Born into this marriage:

Name	Address
_____	_____
_____	_____
_____	_____

4. Did the decedent have any children that were born outside of marriage?  Yes  No

a. If yes, list names and addresses:

Name	Address
_____	_____
_____	_____
_____	_____

5. Did the decedent leave:

- a. An adopted child?  Yes  No  
b. A child that has been adjudged mentally incompetent?  Yes  No

6. Are the parents of the decedent living?  Yes  No If yes, list names below.

- a. Mother: \_\_\_\_\_  
b. Father: \_\_\_\_\_

7. How many brother and sisters did the decedent have? \_\_\_\_\_

Name	Address (if known)
_____	_____
_____	_____
_____	_____

8. Did any of the siblings listed above die prior to the date the decedent died?  Yes  No

a. If yes:

Name of pre-deceased sibling(s): \_\_\_\_\_  
\_\_\_\_\_

Did the pre-deceased sibling(s) have children?  Yes  No

If yes, names of children: \_\_\_\_\_  
\_\_\_\_\_

<i>Signature of Affiant</i>		<i>Date</i>
<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		
<i>Date</i>	<i>Signature</i>	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk of Superior Court		
<input type="checkbox"/> Notary	<i>Date Commission Expires</i>	
<b>SEAL</b>	<i>County Where Notarized</i>	