

IN THE COUNTY COURT OF OHIO COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____ DOD: _____

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

STATE OF _____,
COUNTY OF _____, to-wit:

I, _____, whose address is _____, being
first duly sworn, upon oath and under penalty of perjury, do depose and say as follows:

1. The decedent, _____, died on
_____ (date of death), as a resident of
_____ County, State of _____. The decedent
has left no Will so far as I know, and no Will of the decedent has been presented or probated in
this State or in any other state or jurisdiction.

2. More than sixty days have passed since the death of the decedent and no personal
representative or administrator of the decedent's estate has been otherwise appointed in the
State of West Virginia, for any proper purpose.

3. A certified Death Certificate has been furnished herewith for filing in the County.

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.				
	From Continuation Sheets Check () if attached			
	Total			

5. The decedent _____ left as his/her heirs-at-law in accordance with the laws of intestate descent and distribution of the State of West Virginia, the following person(s):

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: _____

Check () if "Continuation Sheet" is attached.

6. I, _____, do hereby certify that _____ is the true and correct owner of _____, and that _____ is the true and correct owner of _____.

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), [check one].

Witness my hand and seal this _____ day of _____, 20_____.

Signature of Affiant

Printed name of Affiant

Taken, subscribed, and sworn to before me the undersigned authority, by _____, this _____ day of _____, 20_____.

{Seal}

My Commission Expires: _____

Notary Public

Number of "Continuation Sheets" attached: _____

CONTINUATION SHEET
For
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (INTESTATE)

Name of Decedent: _____

Additional real estate situate in West Virginia:

	Description	County	Assessed Value	Fair Market Value
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
	From Continuation Sheets Check () if attached			
	Total			

 Signature of Affiant

Date: _____

CONTINUATION SHEET
For
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (INTESTATE)

Name of Decedent: _____

Additional heirs at law:

f. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

g. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

h. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

i. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

j. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

Signature of Affiant

Date: _____