

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
(TESTATE WITH AUTHENTICATED COPY)**

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

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

1. The decedent, _____,
died testate (with a Will) on _____ (date of death), as a resident of
_____ County, State of _____, and a certified Death
Certificate has been furnished herewith for filing in this County.

2. On _____ (date), the following person(s) was/were
appointed as the personal representative(s) of the Estate of _____
_____ by the _____ (name of foreign
court), of _____ (County), _____ (State), being case
number _____, if applicable:

a. Name: _____
Address: _____

b. Name: _____
Address: _____

Check () if "Continuation Sheet" is attached

An authenticated (tripled sealed) copy of the Last Will and Testament of the
decedent dated _____, without any codicil thereto () or with codicil(s)
thereto dated _____ () [check whichever applies] and the certificate of
probate of such other state or jurisdiction are being furnished herewith for recording in this
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. Pursuant to the provisions of the Last Will and Testament of _____, the decedent devised the aforesaid real estate to the following beneficiaries of his/her estate:

a. Name: _____
Address: _____

Relationship to Decedent: _____
Share or percentage or particular parcel: _____

b. Name: _____
Address: _____

Relationship to Decedent: _____
Share or percentage or particular parcel: _____

c. Name: _____
Address: _____

Relationship to Decedent: _____
Share or percentage or particular parcel: _____

d. Name: _____
Address: _____

Relationship to Decedent: _____
Share or percentage or particular parcel: _____

Check () if "Continuation Sheet" is attached.

6. The Estate of _____, the decedent, will be/has been fully administered by the domiciliary personal representative under the domiciliary proceedings in the other state or jurisdiction. No 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. 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, () beneficiary under the decedent's Will, () 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 (TESTATE)**

Name of Decedent: _____

Additional Personal Representative(s):

c. Name: _____

Address: _____

d. Name: _____

Address: _____

Additional real estate situate in West Virginia:

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

Signature of Affiant

Date: _____

CONTINUATION SHEET
For
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (TESTATE)

Name of Decedent: _____

Additional beneficiaries of the estate or heirs at law:

e. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

f. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

g. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

h. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

i. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

Signature of Affiant

Date: _____