

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 ORIGINAL WILL)**

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 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. 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 document(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 codicils(s), is furnished 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 personal representative(s) of the Estate of _____:

a. Name: _____

Address: _____

b. Name: _____

Address: _____

Check () if "Continuation Sheet" is attached

4. The Decedent died owning and possessing the following real estate situated 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 the 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: _____

 Share or percentage or particular parcel: _____
 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. 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 () nominated 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

Print name of Affiant

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

{Seal}

Notary Public
My Commission Expires:

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: _____