

MARSHALL COUNTY CLERK'S OFFICE  
CONNIE HOWARD, COUNTY CLERK  
PO BOX 459  
MOUNDSVILLE WV 26041

Enclosed are ancillary affidavits for property transfer. Please complete the proper form with attachments and return to this office for processing.

There is a cost of \$12.00 for up to 5 pages and \$1.00 per page thereafter. There is also a \$30.00 publishing fee.

If you have any questions, please feel free to call.

Sincerely,

Probate  
Marshall County Clerk's Office

OUTLINE  
OF  
DOCUMENTS FOR WEST VIRGINIA ANCILLARY ADMINISTRATION  
Under House Bill 2759 (Effective May 30, 2019)

- I. Affidavit to be signed by applicant (interested party)..
  - A. Testacy.
    1. [Affidavit for Ancillary Administration of West Virginia Real Estate without Appointment \(Testate with authenticated copy\)](#);  
or
    2. [Affidavit for Ancillary Administration of West Virginia Real Estate without Appointment \(Testate with original will\)](#).
  - B. Intestacy: [Affidavit for Ancillary Administration of West Virginia Real Estate without Appointment \(Intestate\)](#).
- II. Notice.
  - A. Testacy: [Notice of Ancillary Administration of West Virginia Real Estate without Appointment \(Testate\)](#).
  - B. Intestacy: [Notice of Ancillary Administration of West Virginia Real Estate without Appointment \(Intestate\)](#).
  - C. All Notices are:
    1. Entered by County Clerk.
    2. Published by County Clerk in local newspaper.
    3. Mailed by applicant to all interested parties with a Certificate of Service.
- III. [Certificate of Service](#) (applies to both Testate and Intestate).
  - A. Prepared by applicant.
  - B. Mailed by applicant to all interested parties.
  - C. Notice prepared by the County Clerk is attached and mailed by applicant with the Certificate of Service.
  - D. Certificate of Service is filed by applicant with County Clerk.
- IV. Completion of the Ancillary Administration (applies to both Testate and Intestate).
  - A. No objection is received and deadline passes.
    1. ***Certification of Completion of Ancillary Administration of West Virginia Real Estate without Appointment*** (applies to Testate and Intestate).
    2. Entered by County Clerk.
  - B. Objection is filed.
    1. ***Order and Notice of Hearing on Objection to Ancillary Administration.***
      - a. Entered by County Commission.
      - b. Mailed by County Clerk to all interested parties.
      - c. Hearing is scheduled before the County Commission.
      - d. Copy of the objection is attached to the Order and Notice.
    2. Adjudication of the objection by County Commission at the hearing.
      - a. ***Order Overruling Objection and Permitting Ancillary Administration without Appointment.***
        - 1) Entered by County Commission.
        - 2) Mailed by County Clerk to all interested parties.
        - 3) May be appealed to Circuit Court in accordance with appellate procedure.
      - b. ***Order Sustaining Objection and Directing Full Ancillary Administration.***

- 1) Entered by County Commission.
- 2) Mailed by County Clerk to all interested parties.
- 3) Applicant or other interested party files and applies for regular ancillary administration.
- 4) May be appealed to Circuit Court in accordance with appellate procedure.

Prepared: May 17, 2019

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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<br>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<br>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: \_\_\_\_\_



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<br>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: \_\_\_\_\_

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<br>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 copy of the original \_\_\_\_\_ of \_\_\_\_\_, the decedent, as the ( ) acting domiciliary personal representative, ( ) surviving spouse, ( ) heir at law, or ( ) other \_\_\_\_\_ (describe relationship or interest), [check one].

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<br>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:

IN THE COUNTY COMMISSION OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF \_\_\_\_\_  
DOD: \_\_\_\_\_

**NOTICE OF ANCILLARY ADMINISTRATION  
OF WEST VIRGINIA REAL ESTATE  
WITHOUT APPOINTMENT  
(TESTATE)**

The undersigned Clerk of the County Commission of \_\_\_\_\_ County does hereby give NOTICE that, pursuant to the provisions of West Virginia Code § 41-5-13(b), there has been filed and there is pending before me and the said County Commission an Affidavit for ancillary administration of West Virginia real estate without the appointment of any personal representative and does state as follows:

1. The name of the decedent is \_\_\_\_\_.  
The decedent died testate (with a will) on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, residing at \_\_\_\_\_  
(last known address), with said will of the decedent, which is dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, having been probated by the \_\_\_\_\_ Court of the County of \_\_\_\_\_, State of \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_. The decedent died owning real estate situate in the State of West Virginia.

2. The County Commission before whom the affidavit has been filed is the County Commission of \_\_\_\_\_ County, with mailing address of \_\_\_\_\_.

3. The name and address of the person filing the affidavit is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Such person is related to the decedent as \_\_\_\_\_.  
The affidavit is dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and was filed with the County Clerk on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

4. This Notice has been first published on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

5. Any interested person objecting to the filing of the foreign will or affidavit or objecting to the absence of appointment or administration being made in this State must file a written objection with the County Commission within sixty (60) days after the date of first publication or thirty (30) days of service of this Notice upon such interested person by the person filing the Notice, whichever is later.

NOTICE IS GIVEN THAT IF AN OBJECTION IS NOT TIMELY FILED, THE OBJECTION IS FOREVER BARRED AND THAT THE ANCILLARY ADMINISTRATION OF THE WEST VIRGINIA REAL ESTATE OF THE ABOVE DECEDENT SHALL BE DEEMED FINAL AND COMPLETE IN ACCORDANCE WITH THE PROVISIONS OF LAW.

ENTER this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

Clerk of the County Commission

IN THE COUNTY COMMISSION OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF \_\_\_\_\_  
DOD: \_\_\_\_\_

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

The undersigned Clerk of the County Commission of \_\_\_\_\_ County does hereby give NOTICE that, pursuant to the provisions of West Virginia Code § 44-1-4(b), there has been filed and there is pending before me and the said County Commission an Affidavit for ancillary administration of West Virginia real estate without the appointment of any personal representative and does state as follows:

1. The name of the decedent is \_\_\_\_\_.  
The decedent died intestate (without a will) on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, residing at \_\_\_\_\_ (last known address). The decedent died owning real estate situate in the State of West Virginia. As reported in the affidavit filed herein, (a) the decedent has left no will as far as is known; (b) no will of the decedent has been presented or probated in this State or in any other jurisdiction; and (c) 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.

2. The County Commission before whom the affidavit has been filed is the County Commission of \_\_\_\_\_ County, with mailing address of \_\_\_\_\_.

3. The name and address of the person filing the affidavit is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Such person is related to the decedent as \_\_\_\_\_.  
The affidavit is dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and was filed with the County Clerk on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

4. This Notice has been first published on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

5. Any interested person objecting to the filing of the affidavit or objecting to the absence of appointment or administration being made in this State must file a written objection with the County Commission within sixty (60) days after the date of first publication or thirty (30) days of service of this Notice upon such interested person by the person filing the Notice, whichever is later.

NOTICE IS GIVEN THAT IF AN OBJECTION IS NOT TIMELY FILED, THE OBJECTION IS FOREVER BARRED AND THAT THE ANCILLARY ADMINISTRATION OF THE WEST VIRGINIA REAL ESTATE OF THE ABOVE DECEDENT SHALL BE DEEMED FINAL AND COMPLETE IN ACCORDANCE WITH THE PROVISIONS OF LAW.

ENTER this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Clerk of the County Commission

IN THE COUNTY COMMISSION OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF \_\_\_\_\_  
DOD: \_\_\_\_\_

**CERTIFICATE OF SERVICE  
OF  
NOTICE OF ANCILLARY ADMINISTRATION  
OF WEST VIRGINIA REAL ESTATE  
WITHOUT APPOINTMENT**

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, the undersigned, being first duly sworn, upon oath and under penalty of perjury, do hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served a true and correct copy of the attached or foregoing "NOTICE OF ANCILLARY ADMINISTRATION OF WEST VIRGINIA REAL ESTATE WITHOUT APPOINTMENT" concerning the estate of the decedent \_\_\_\_\_ on the interested parties hereto by United States Mail, postage prepaid, addressed as follows:

- a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_
- b. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_
- c. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_
- d. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

e. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

f. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

g. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

h. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

i. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

Check if Continuation sheet attached ( )

Witness my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Affiant

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

{seal}

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



**CONTINUATION SHEET  
For  
CERTIFICATE OF SERVICE**

Name of Decedent: \_\_\_\_\_

Additional interested parties of the estate:

j. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

k. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

l. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

m. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

n. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

Date: \_\_\_\_\_

**IMPORTANT:** The party filing the foreign will or affidavit shall, not later than thirty days after the date of first publication, serve a copy of the notice at the last known address by first class mail, postage prepaid or by personal service on the following persons: (1) The decedent's surviving spouse, if any; (2) If there is a will, the personal representative or personal representatives named therein; (3) If there is a will, all devisees or beneficiaries named therein; (4) The heirs at law of the decedent determined under the laws of this State; and (5) Any known creditors of the decedent residing or located in this State or who may claim a lien or interest against the real estate of the decedent situate in this State.