

MARSHALL COUNTY CLERK'S OFFICE

CONNIE HOWARD

COUNTY CLERK

PO BOX 459

MOUNDSVILLE WV 26041

PHONE 304 845 1220

FAX 304 845 5891

www.marshallcountywv.gov

choward@marshallcountywv.gov

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 the first 5 pages and \$1.00 per page thereafter. There is also \$30.00 publishing fee.

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

Sincerely,



Connie Howard

Marshall County Clerk

**AFFIDAVIT FOR ANCILLARY ADMINISTRATION OF WEST VIRGINIA
REAL ESTATE WITHOUT APPOINTMENT
TESTATE WITH AUTHENTICATED WILL**

AFFIANT MUST PROVIDE:

THEIR COMPLETE NAME(S) AND ADDRESS

DECEDENT'S COMPLETE NAME AND ADDRESS

DATE OF DECEDENT'S DEATH, COUNTY AND STATE WHERE DECEDENT RESIDED AS ON
DEATH CERTIFICATE

DATE OF ORIGINAL WILL

LEGAL DESCRIPTION OF REAL ESTATE (NOT ADDRESS), COUNTY,
ASSESSED AND FAIR MARKET VALUES (LEGAL DESCRIPTION AS ON TAX TICKET – VALUES
CONTACT ASSESSOR'S OFFICE 304-845 1490)

NAMES AND ADDRESSES OF ALL BENEFICIARIES UNDER THE WILL, RELATIONSHIP TO
DECEDENT AND SHARE OR INTEREST IN PARTICULAR PARCEL

SIGN AFFIDAVIT BEFORE A NOTARY

ATTACH AUTHENTICATED WILL AND CERTIFICATE OF DEATH TO AFFIDAVIT

CALCULATE FEE, MAKE CHECK PAYABLE TO THE MARSHALL COUNTY CLERK, AND FILE BY
MAIL

THE CERTIFICATE OF SERVICE AND AFFIDAVIT OF MAILING NOTICE WILL BE SENT TO YOU
BY THE COUNTY CLERK REGARDING PUBLISHING AND NOTIFICATION OF BENEFICIARIES

ONCE PUBLISHING IS FINAL, A CERTIFICATE OF COMPLETION WILL BE SENT TO THE
AFFIANT TO CLOSE THE ESTATE

IN THE COUNTY COMMISSION OF MARSHALL COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____

DATE OF DEATH _____

AFFIDAVIT FOR ANCILLARY ADMINISTRATION OF WEST VIRGINIA REAL ESTATE WITHOUT APPOINTMENT (TESTATE WITH AUTHENTICATED WILL)

STATE OF _____

COUNTY OF _____

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), 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

3. An authenticated copy of the Last Will and Testament of the decedent dated _____, without any codicil thereto (), or with codicil(s) thereto dated _____ (). (Check if applies) and the certificate of probate of such other state or jurisdiction is being furnished herewith for recording in this County.

4. The Decedent died owning and possessing the following real estate situate in West Virginia:

DESCRIPTION (Legal not address)	COUNTY	ASSESSED VALUE	FAIR MARKET VALUE
a.			
b.			
c.			
d.			
TOTAL			

From Continuation Sheets Check () if attached

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 _____

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
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

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
(WITH A WILL)**

NAME OF DECEDENT _____

Additional Nominated Personal Representative(s):

c. Name _____
Address _____

d. Name _____
Address _____

Additional real estate situate in West Virginia

DESCRIPTION (Legal not address)	COUNTY	ASSESSED VALUE	FAIR MARKET VALUE
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e. _____

f. _____

g. _____

h. _____

i. _____

TOTALS

Check () if another Continuation Sheet is attached

Signature of Affiant

Date _____

CONTINUATION SHEET AFFIDAVIT FOR ANCILLARY ADMINISTRATION TESTATE (WITH WILL)

Name of Decedent _____

Additional beneficiaries of the estate of 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: _____

Date _____

Signature of Affiant