

**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](http://www.marshallcountywv.gov)**

**[choward@marshallcountywv.gov](mailto: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  
INTESTATE (NO 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

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

NAMES AND ADDRESSES OF ALL HEIRS AT LAW, RELATIONSHIP TO DECEDENT, AND SHARE  
OR INTEREST IN PARTICULAR PARCEL

SIGN AFFIDAVIT BEFORE A NOTARY

ATTACH 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 (INTESTATE – NO 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 on \_\_\_\_\_ (date of death),  
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 (60) days have passed since the death of the decedent and no personal representative or administrator of the decedent's estate has been otherwise appoint in the State of West Virginia for any proper purpose.
3. A certified death certificate has been furnished herewith for filing 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. 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 persons:

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: \_\_\_\_\_

e. 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 ( ) 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 ANCILLARY ADMINISTRATION INTESTATE (NO WILL)**

NAME OF DECEDENT \_\_\_\_\_

**ADDITIONAL REAL ESTATE SITUATE IN WEST VIRGINIA**

DESCRIPTION (Legal not address)	COUNTY	ASSESSED VALUE	FAIR MARKET VALUE
------------------------------------	--------	-------------------	----------------------

e.

f.

g.

h.

i.

j.

k.

l.

TOTALS

From Continuation Sheets Check ( ) if attached

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Affiant

**CONTINUATION SHEET FOR AFFIDAVIT ANCILLARY ADMINISTRATION INTESTATE (NO WILL)**

**ADDITIONAL HEIRS AT LAW:**

NAME OF DECEDENT \_\_\_\_\_

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: \_\_\_\_\_

j. Name \_\_\_\_\_

Address \_\_\_\_\_

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

Share or percentage or particular parcel: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Affiant