

**MARSHALL COUNTY CLERK'S OFFICE**

**CONNIE HOWARD**

**COUNTY CLERK**

**PO BOX 459**

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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 ORIGINAL 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 ORIGINAL 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 ORIGINAL 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. 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 codicil(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 the 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 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. 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

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. \_\_\_\_\_

Check ( ) if another Continuation Sheet is attached

TOTALS \_\_\_\_\_

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

Signature of Affiant

**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