

MARSHALL COUNTY CLERK'S OFFICE

CONNIE HOWARD

COUNTY CLERK

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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
INTESTATE (NO WILL)

AFFIANT **MUST** PROVIDE:

THEIR COMPLETE NAME(S) AND ADDRESS

DECEDENT'S COMPLETE NAME, ADDRESS, AND SOCIAL SECURITY NUMBER

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

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 HEIRS, RELATIONSHIP TO DECEDENT AND SHARE OR
INTEREST IN PARTICULAR PARCEL

SIGN AFFIDAVIT BEFORE A NOTARY

**ATTACH AN ORIGINAL CERTIFICATE OF DEATH TO AFFIDAVIT AND ANY AUTHENTICATED (3
SEAL) PROBATE DOCUMENTS IF PROBATED IN ANOTHER STATE INTESTATE (WITHOUT A
WILL)**

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