

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
TESTATE WITH ORIGINAL 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

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 ORIGINAL 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: _____

Signature of Affiant

Date _____