

IN THE COUNTY COMMISSION OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF \_\_\_\_\_  
DOD: \_\_\_\_\_

**AFFIDAVIT FOR ANCILLARY ADMINISTRATION  
OF WEST VIRGINIA REAL ESTATE  
WITHOUT APPOINTMENT  
(INTESTATE)**

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 days have passed since the death of the decedent and no personal representative or administrator of the decedent's estate has been otherwise appointed 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	County	Assessed Value	Fair Market value
a.				
b.				

c.				
d.				
	From Continuation Sheets Check ( ) if attached			
	Total			

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: \_\_\_\_\_
- b. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_
- c. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_
- d. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_
- e. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

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 FOR ANCILLARY ADMINISTRATION (INTESTATE)**

Name of Decedent: \_\_\_\_\_

Additional real estate situate in West Virginia:

	Description	County	Assessed Value	Fair Market value
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
	Check ( ) if another Continuation Sheet is attached			
	Total			

\_\_\_\_\_  
Signature of Affiant

Date: \_\_\_\_\_

**CONTINUATION SHEET**  
**For**  
**AFFIDAVIT FOR ANCILLARY ADMINISTRATION (INTESTATE)**

Name of Decedent: \_\_\_\_\_

Additional heirs at law:

f. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

g. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

h. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

i. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

j. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

Date: \_\_\_\_\_