

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
(TESTATE WITH AUTHENTICATED COPY)**

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 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. On _____ (date), the following person(s) was/were appointed as the personal representative(s) of the Estate of _____ by the _____ (name of foreign court), of _____ (county), _____ (state), being case number _____, if applicable:

a. Name: _____
Address: _____

b. Name: _____
Address: _____

Check () if Continuation sheet is attached

3. An authenticated copy of the Last Will and Testament of the decedent dated _____, without any codicil thereto () or with codicil(s) thereto dated _____ () [Check if applies] and the certificate of probate of such other state or jurisdiction is being furnished herewith for recording 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. 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. The Estate of _____, the decedent, will be/has been fully administered by the domiciliary personal representative under the domiciliary proceedings in the other state or jurisdiction. 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 (TESTATE)

Name of Decedent: _____

Additional Personal Representative(s):

c. Name: _____
 Address: _____

d. Name: _____
 Address: _____

Additional real estate situate in West Virginia:

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

Date: _____

 Signature of Affiant

CONTINUATION SHEET
For
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (TESTATE)

Name of Decedent: _____

Additional beneficiaries of the estate or 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: _____