



Application of Fiduciaries

For Personal Representative of Estate for a Deceased Person

On Motion of _____ (Personal Representative(s) Name)

Decedent's Full Name from Will or Death Certificate _____

Last 4 of Decedent's Social Security Number _____ Date of Death _____

Surety Company (if applicable) _____

Amount of Bond (if applicable) _____

Personal Representative(s)

Personal Representative Name and Fiduciary Title _____

Personal Representative Mailing address _____

Co- Personal Representative Name if applicable _____

Co-Personal Representative Mailing Address _____

List of Heirs

Beneficiary Names as listed in Will with AKA or NKA as needed; **OR, ALL** heirs-at-law, including those who've pre-deceased

Relationship to Decedent

Beneficiary/Heir mailing address

Affidavit & Oath

LIST OF HEIRS, DISTRIBUTEES, DEVISEES & LEGATEES OF DECEDENT

_____ being duly sworn, deposes and says the names, residences and post-office addresses of the heirs and distributees of the Estate of _____, as set out in the foregoing affidavit are correct to the best of his or her knowledge and belief, except as to matters therein stated to be alleged on information and belief, and to those matters he or she believes them to be true; and affiant further states that such heirs and distributees as given as unknown upon diligent inquiry, he or she has been unable to ascertain their names and addresses. I will mail by first class postage prepaid, a copy of the notice of administration in accordance with West Virginia State Code §44-1-14(d) to the persons listed on this form. Further, in accordance with West Virginia State Code §44-1-3, I further swear that I will faithfully perform the duties of my office to the best of my skill and judgment.

Notarized Personal Representative Signature, Fiduciary Title

Notarized Co-Personal Representative Signature, Fiduciary Title (if applicable)

State of _____
County of _____

NOTARY STAMP/SEAL

Subscribed and sworn to this _____ day of _____, 20_____,

by _____ (Print Personal Rep Name(s)).

Notary Signature: _____
Commission Expires _____