

**AFFIDAVIT FOR ANCILLARY ADMINISTRATION OF WEST VIRGINIA REAL ESTATE
WITHOUT APPOINTMENT - TESTATE WITH AUTHENTICATED COPY)**

THE COUNTY COMMISSION OF MONONGALIA COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____

DOD: _____

STATE OF WEST VIRGINIA,

COUNTY OF MONONGALIA, 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 _____ (decedent's name) by the
_____ (name of foreign court), of _____ (county), _____
(state), being case number _____, if applicable:

a. Name: _____
Address: _____

b. Name: _____
Address: _____

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.				
e.				

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f.				
g.				
h.				
	TOTAL			

(add additional lines or pages if needed)

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: _____

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: _____

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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 of 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).

Signature of Affiant Printed Name of Affiant

Taken, subscribed, and sworn to before me the undersigned authority by:

_____, (printed name of Affiant) this _____ day of _____, 20_____.

Notary Public Signature

My Commission expires: _____ {seal}