



## Barbour County Commission

| Estate | e of:                            |                        |               |   |                       |
|--------|----------------------------------|------------------------|---------------|---|-----------------------|
| Date o | of Death:                        |                        |               |   |                       |
|        | 0                                |                        |               | ADMINISTRATION<br>VITHOUT APPOINTMI<br>E                | ENT                   |
|        | OF WEST VIRO                     |                        |               |   |                       |
| l,     | , whose address is               |                        |               |   |                       |
|        |                                  |                        |               |   |                       |
| Being  | first duly swor                  | n, upon oath and un    | der penalty   | of perjury, do depose                                   | and say as follows:   |
| 1)     | The deceden                      | t,                     |               | , died intestate<br>, a resident of                     | (with no will) on the |
|        | da                               | y of                   | , 20          | , a resident of<br>cedent has left no Wil               | County,               |
|        | no Will of the<br>state or juris | e decedent has been    | presented o   | or probated in this stat                                | e or in any other     |
| 2)     | representativ                    |                        | f the decede  | th of the decedent an<br>ent's estate has been ourpose; |                       |
| 3)     | A Certified d                    | eath certificate has b | een furnishe  | ed herewith for filing i                                | n this County;        |
| 4)     | The Deceden<br>Virginia.         | t died owning and po   | ossessing the | e following real estate                                 | situate in West       |
| Descri | ption                            | Map/Parcel             | County        | Assessed Value  | Fair Market Value     |
| a)     |                                  |                        |               |   |                       |
| b)     |                                  |                        | 174           |   |                       |
|        |                                  |                        |               |   |                       |
|        |                                  |                        |               |   |                       |
|        |                                  |                        |               | *   | -                     |
|        |                                  |                        | TOTAL:        |   | 11                    |

| The decedent,  | , left as his/her heirs at law in |
|--|-----------------------------------|
| accordance with the laws of intestate descent and of   | distribution of the State of West |
| Virginia the following persons:  |                                   |
|  |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  |                                   |
| Share or Percentage:   |                                   |
| PROVINCE DESCRIPTION DESCRIPTION OF THE PROVINCE OF THE PROVIN |                                   |
|  |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  |                                   |
| Share or Percentage:   |                                   |
| Share of Percentage.   |                                   |
|  |                                   |
| Nama   |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  |                                   |
| Share or Percentage:   | 1.1                               |
|  |                                   |
|  |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  |                                   |
| Share or Percentage:   |                                   |
|  |                                   |
|  |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  |                                   |
| Share or Percentage:   |                                   |
|  |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  |                                   |
| Share or Percentage:   |                                   |
| Share or Percentage:   | -                                 |
|  |                                   |
| Nome   |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  | <del></del>                       |
| Share or Percentage:   | ·                                 |
|  |                                   |
|  |                                   |
| Name:  |                                   |
| Address:   |                                   |
|  |                                   |
| Relationship to Decedent:  |                                   |
| Share or Percentage:   | 3                                 |

| 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 decedents Will, () heir at law, or () other                                  |  |  |  |  |  |
| Cia  | reature of Affiant   |  |  |  |  |  |
| Sig  | nature of Affiant  |  |  |  |  |  |
| Tal  | ken, subscribed, and sworn to before me the undersigned authority by   |  |  |  |  |  |
| _    | , this day of, 20  |  |  |  |  |  |
| N.A. | Commission Evaluate  |  |  |  |  |  |
|      | y Commission Expires:  |  |  |  |  |  |
| No   | otary Public :   |  |  |  |  |  |

LAURIE L AUSTIN
BARBOUR COUNTY COMMISSION
26 N MAIN STREET
PHILIPPI WV 26416