Last Will and Testament

2020 JUL 31 A 10: 13

I, ALEASE S. HODGES, domiciled in Harnett County, North Carolina, declare this to be my. C. Last Will hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I

I direct that all my just debts, my funeral expenses, and the cost of administration of my estate be paid out of the assets of my estate as soon as practicable after my death.

ARTICLE II

I will, devise and bequeath to my daughter, Connie Sharon McLeod, all real and personal property of every kind and description, wherever located, including monies, furniture, and any vehicle I may own at my death not necessary to carry out the terms of Article I above and Article III below.

ARTICLE III

I will, devise and bequeath to Shaleigh Stanley my doll curio cabinet and all my dolls.

ARTICLE IV

I appoint my sister, **Sandra S. Klass**, Executrix of this my Last Will and Testament and direct that she serve without bond. In the event Sandra S. Klass is unable or unwilling to serve as Executrix, then in that event I appoint my granddaughter, Tanya Stanley.

IN TESTIMONY WHEREOF, I, the said ALEASE S. HODGES have hereunto set my hand and seal this day of November, 2008.

ALEASE S. HODGES (SEAL

Signed, sealed, published and declared by the said *ALEASE S. HODGES*, to be her Last Will and Testament in the presence of us who at her request and in the presence of each other do hereby subscribe our names as witnesses thereto.

Carn H. Stewart	906 Walnut Dr. Es	wi Ne
WITNESS	RESIDENCE	28339
Ougla B Coats WITNESS	79 Tilghnan Rd, (oats RESIDENCE	, NC 27521

I, ALEASE S. HODGES, sign my name to this instrument this the day of November, 2008, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

ALEASE S. HODGES

We, ARON the the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as his/her Last Will and that he/she signs it willingly, and that each of us, in the presence and hearing of the Testator, hereby signs this Will as witness to the Testator's signing and to the best of our knowledge the Testatrix is eighteen years of age or older, of sound mind and under no constraint or undue influence.

WITNESS PEWART 906 Walnut Dr., Erwin NC RESIDENCE 29339

WITNESS 797, 1ghman Rol., (oats, NC27521)
RESIDENCE

NORTH CAROLINA,

HARNETT COUNTY.

Subscribed, sworn to and acknowledged before me ALEASE S. HODGES, Testator, and subscribed and sworn to before me by ARON H. STEWART and

Witnesses, this the day of November, 2008.

My Commission Expires: _05-22-13

FAMILY HISTORY AFFIDAVIT 19E503 QUESTIONS ABOUT DECEDENT AND FAMILY FILE #: WITH WILL - TESTATE 06/14 Name of Decement: 1. Was the decedent, on date of death, a resident of Harnett County? Yes No If so, did decedent own PERSONAL PROPERTY? Yes No Did decedent own REAL PROPERTY? X Yes No ____ tenants in entirety with spouse? Decedent was known as: (List all names as well as nick names) 3. Date of Death: 6-4-2019 4. Social Security Number (LAST 4 DIGITS ONLY): 5. Is/Are the paperwriting(s) offered for probate the ORIGINAL AND ENTIRE Last Will and Testament of the deceased? X Yes No Where was the will found and by whom? Jandra S. Klass 7. Was the decedent on date of death: Married Widowed Divorced Never Married If married, was there a pre-nuptial agreement \(\subseteq Yes \) No If married, were decedent and spouse living together as husband and wife on date of death? Yes No If not, was there a separation agreement executed? Yes No 9. Did the decedent OBTAIN A DIVORCE AFTER the execution of the Last Will and Testament? Yes No If yes, where and when was the divorce granted? _ 10. Did the decedent MARRY AFTER the execution of the Last Will and Testament? Yes No If yes, to whom, where and when? 11. Did the decedent have A CHILD(REN) BORN AFTER the execution of the Last Will and Testament? Yes No If yes, who, where and when? 12. Did the decedent leave a minor, mentally disordered or incompetent child(ren) or heirs? Yes No 13. Did the decedent legally ADOPT or legitimate A CHILD(REN) AFTER the execution of the Last Will and Testament? Yes X No If so, who and when? 14. If decedent was a man, IS THERE AN UNBORN CHILD? Yes No Name and Address of Affiant: I AGREE TO NOTIFY THE CLERK'S OFFICE SHOULD ANY CONTACT INFORMATION CHANGE. 19102371169 Employer Orthopaedic Solutions - Drive, 55=100, Dunn NC 28334 910891-4202 "I attest that I am over 18 years of age and I am not illiterate. I have never been declared incompetent, and I have never been convicted of a felony or, if convicted, my citizenship rights were restored. I further attest that I have not lost my rights to serve due to separation/divorce, abandonment/termination of parental rights, or by being convicted as a principal or accessory for the willful and unlawful killing of the decedent, or being found by a court to be civilly liable therefor." SWORN AND SUBSCRIBED TO BEFORE ME

Rev: 08/16

STATE OF NORTH CAROLINA	File No. 2019 E 000503					
HARNETT County	In The General Court Of Justice Superior Court Division Before The Clerk					
IN THE MATTER OF THE ESTATE OF:						
Name Of Decedent/Minor/Incompetent/Trust MARY ALEASE HODGES ALEASE HODGES	I A I® 26 OATH/AFFIRMATION					
	0., C.S.C. N.C. Constitution, Art. VI., Sec. 7; G.S.11-7, 11-11; 28A-7-1					
I, the undersigned, do solemnly swear affirm that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith; that I will be faithful and bear true allegiance to the State of North Carolina, and to the constitutional powers and authorities which are or may be established for the government thereof; and that I will endeavor to support, maintain and defend the Constitution of said State, not inconsistent with the Constitution of the United States, to the best of my knowledge and ability; and that I will faithfully discharge the duties of my office as indicated below;						
(check office below) OATH OF ADMINISTRATOR						
I swear affirm that I believe that the above named decedent died without leaving any Last Will and Testament; that I will well and truly administer all and singular the goods and chattels, rights and credits of the deceased and a true and perfect inventory thereof return according to law; and that all other duties appertaining to the charge reposed in me, I will well and truly perform, according to law and with my best skill and ability; so help me, God.						
☑ OATH OF EXECUTOR						
I Swear affirm that I believe this paper writing to be and contain the Last Will and Testament of the above named decedent; and that I will well and truly execute the same by first paying the decedent's debts and then the decedent's legacies; as far as the said estate shall extend or the law shall charge me; and that I will well and faithfully execute the office of an executor, agreeably to the trust and confidence reposed in me, and according to law; So help me, God. and this is my solemn affirmation.						
□ OATH OF ADMINISTRATOR CTA I □ swear □ affirm that I believe this paper writing to be and contain the Last Will and Testament of the above named decedent; and that I will well and truly execute the same by first paying the decedent's debts and then the decedent's legacies, as far as the said estate shall extend or the law shall charge me; and that I will well and faithfully execute the office of an administrator cta to the best of my skill and ability and according to the law; □ so help me, God. □ and this is my solemn affirmation.						
OATH OF FIDUCIARY	•					
I ☐ swear ☐ affirm that I will faithfully and honestly discharge the duties reposed in me according to the best of my skill and ability, and according to law; ☐ so help me, God. ☐ and this is my solemn affirmation.						
lame Of Fiduciary 1 SANDRA S KLASS	Name Of Fiduciary 2					
SANDICA SINDASS Signature Of Fiduciary Sandas Sharps	Signature Of Fiduciary					
SWORN AFFIRMED AND SUBSCRIBED TO BEFORE ME	SWORN AFFIRMED AND SUBSCRIBED TO BEFORE ME					
Date	Date					
07/31/2020						
ignature Offerson Authorized To Administer Oaths School White of	Signature Of Person Authorized To Administer Oaths					
Deputy dSC Assistant CSC Clerk Of Superior Court	Deputy CSC Assistant CSC Clerk Of Superior Court					
Notary Date My Commission Expires	Date My Commission Expires					
SEAL County Where Notarized	County Where Notarized SEAL					

STATE OF NO	RTH CAROLINA			File No. 2019 E 000503
HARNET	^T County			In The General Court Of Justice Superior Court Division Before The Clerk
IN THE MAT	TER OF THE ESTATE			
Name Of Decedent MARY ALEASE HODG	ES	MM JIL 31	A 10: 26	
ALEASE HODGES		HARNETT CO.	CERT	IFICATE OF PROBATE
Date Of Purported Will Date(s) Of Codicil(s)	11/25/2008	BY		G.S. 31-1
			:	
A naner-writing date	d as indicated above a	umorting to be f	h	
named decedent has	s been exhibited before	urporting to be to	proof of the due ex	estament or codicil(s) thereto of the above ecution thereof has been taken in the are incorporated and made a part hereof.

Date

Signature

Clerk Of Superior Court

A	STATE OF NORTH CAROLINA	, r	File No.	19E503			
	Harnett county		Superio	eral Court Of Justice or Court Division ore The Clerk			
	IN THE MATTER OF THE ESTATE OF			ore the order			
\a	Name, Street Address, City, State, And Zip Code Of Decedent MAIROSE STRICK burnd Hedges 105 4th Street AKA AIROSELSE Hope			TION ND LETTERS ADMINISTRATION CTA			
	Erwin NC 28339			/I (AOC-E-309)			
	County Of Damicile At Time Of Death			,			
	Date Of Death Date Of Will And Codicil(s), If Any	Place Of Death (if different	G.S. 2	8A-2A-1, -2, -5; 28A-6-1; 28A-12-4			
	6-4-2019 11-25-2008	Harne	H Corre	· ·			
	Name, Street Address, PO Box, City, State, And Zip Code Of Applicant	Name, Street Address, PO					
	Janha S. Klass 6670 Godwin Lake Pd						
	Telephone No:			Telephone No.			
	DUNN DC 28334 910-237-1169 Legal Residence (County, State)	Legal Residence (County, S	Piniol				
٠	Harnett NC	Legal Residence (County, S	siale)				
	Name, Street Address, PO Box, City, State, And Zio Code Of Attomey	Attomey Bar No.					
	Sheila Stafford Pope 4590 Old Buies CheekRd						
		Telephone No.					
	HNajer Ne 27501	919-639					
	I, the undersigned, applying for probate and for letters in the above e		· -	· · · · · · · · · · · · · · · · · · ·			
	1. The decedent was domiciled in this county at the time of the decedent's death, or left property or assets in this county, or was a nonresident motorist who died in North Carolina; no other proceeding for probate or for administration is pending in any jurisdiction.						
	2. The decedent left the paper-writing(s) purporting to be the decedent's Last Will and Testament and codicil(s), dated as shown above.						
	3. 🛮 a. I am an executor, devisee, or legatee named in the will, o	r a next-of-kin or credi	tor of the decede	nt.			
	b. I am the person entitled to apply for letters or am applying after all persons having prior right to apply have renounced.						
	☐ c. I am applying subject to G.S. 28A-6-2(1) and move that all necessary notices be issued.						
	d. I am the public administrator appointed by the Court.						
	4. I am not disqualified pursuant to G.S. 28A-4-2 to administer the estate and have not renounced my right to do so.						
	5. Following the execution of the will there were no children born to or adopted by the decedent, and the decedent did not thereafter marry or obtain a divorce. (If the facts are otherwise, state them on an attachment.)						
	6. After diligent inquiry, I have determined that the persons listed below are all the persons entitled to share in the decedent's estate. (If there is a court-appointed guardian for any such person(s), list the guardian's name and address on an attachment.)						
	NAME AGE R	ELATIONSHIP		AILING ADDRESS			
		ughter	2665 Ash	e Ave, Dunn NC2833			
	Shaleigh Storley 14 Gra	ndlaute		e Ave Dum NC 28334			
	AKA Connie Shann MELERA						
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ŀ							
ŀ							
-				, P/Al-			
-							

Original - File Copy - Applicant (Preliminary Inventory On Reverse)