

EIN Assistant

Important Information Before You Begin

For help or additional information on any topic, click the underlined key words, or view Help Topics on the right side of the screen. Make sure that pop-ups are allowed from this site.

Use this assistant to apply for and obtain an Employer Identification Number (EIN).

[Do I need an EIN?](#)

[Do I need a new EIN?](#)

About the EIN Assistant

- You must complete this application in one session, as you will **not** be able to save and return at a later time.
- For security purposes, your session will expire after 15 minutes of inactivity, and you will need to start over.
- You will receive your EIN immediately upon verification. [When will I be able to use my EIN?](#)
- If you wish to receive your confirmation letter online, we strongly recommended that you install [Adobe Reader](#) before beginning the application if it is not already installed.

Restrictions

- Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service will limit Employer Identification Number (EIN) issuance to one per [responsible party](#) per day. This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.
- If a [third party designee](#) (TPD) is completing the online application on behalf of the taxpayer, the taxpayer must [authorize the third party](#) to apply for and receive the EIN on his or her behalf.
- The business location must be within the United States or [U.S. territories](#).
- Foreign filers without an Individual Taxpayer Identification Number (ITIN) cannot use this assistant to obtain an EIN.
- If you were incorporated outside of the United States or the U.S. territories, you cannot apply for an EIN online. Please call us at 267-941-1099 (this is not a toll free number).

[Begin Application >>](#)

If you are not comfortable sending information via the Internet, download the [Form SS-4](#) PDF file and the instructions for alternative ways of applying.



Please be aware that most banks are now requiring you open an estate checking account for any check presented to them which is an asset of the estate.

Before opening an estate checking account, you will need to obtain and Estate Tax Identification Number. You may visit this website <https://sa2.www4.irs.gov/modiein/individual/index.jsp> to obtain a Tax ID or contact IRS/Attorney/CPA for assistance.

THIS IS A FREE SERVICE AND YOU SHOULD NOT PAY FOR A TAX ID NUMBER

REQUIREMENTS FOR FILING INVENTORY OF DECEDENT'S ESTATE

Within 90 days of qualification, an Inventory of Decedent's Estate, more commonly referred to as 90- Day Inventory, [form (E-505)] must be filed with our office. This must be an exact listing of the decedent's assets as of date-of-death. A notice, along with applicable forms, will be mailed to you.

It is very important for all cash assets to be inventoried with the **correct** date-of-death balances, to include stock values; otherwise, you may have problems balancing your final accounting. This inventory also reflects the principle assets for inheritance tax purposes.

While completing the inventory form, please include the following detailed information:

- All financial accounts listed on the inventory should include the name of the institution, account number, type of account; if jointly owned list all owners' names and the exact date-of-death value.
 - Part 1; #1 – List all accounts in decedent's name only.
 - Part 1, #2 – List jointly owned accounts **without** right of survivorship.
 - Part 2, #1 – List jointly owned accounts **with** right of survivorship and payable on death accounts
- All stocks, bonds, etc. must be described by company, how many shares and certificate #, with date-of-death value. All brokerage accounts and dividend reinvestment accounts must be itemized including account number, cash balances, securities held, number of shares and date-of-death value. (Part 1; #3)
- Itemize any checks on hand (made payable to decedent) or checks that were due the deceased on date-of-death and received later. These should be itemized and include company name that issued the check, check number and amount of each. This does not include interest or dividends earned on accounts after death. (Part 1; #4)
- Indicate a combined fair market value of household furnishings. For miscellaneous personal property (e.g. collections, guns, jewelry, etc) list a combined fair market value of each category. If there is a will which leaves specific bequests of personal property, list each item and its value separately. (Part 1; #5)
- List vehicles, utility trailers, mobile homes, motorcycles, boats, and any other titled item by make, model, year and vehicle identification number (VIN#) and Kelly Blue Book value. If loan is not paid in full, list the **equity** in the vehicle as its value. (Part 1; #5)
- List life insurance **payable to the estate** (not a beneficiary) with name of company, policy number and amount. (Part 1; #5)
- Promissory notes **DUE to decedent** should be described; eg. maker, principle, amount of interest, how payable and if secured by Deed of Trust, with the Deed of Trust book and page number. (Part 1; #5)
- List amount of capital credit due decedent from membership corporations (e.g South River Electric, Central Electric. (The Corporation will tell you the amount of capital credit due.) (Part 1; #5)
- List any other assets not mentioned above with the fair market value. (Part 1; #5)
- If there was a Last Will and Testament and the Will indicated the real property was to be sold indicate the fair market value (not necessarily the tax value) and include county where recorded with the deed book and page number. (Part 1; 6&7).
- For Part 2 on the back of the Inventory form, please follow the same format as above, being as detailed as possible.
- Describe real estate belonging to deceased, and include county where recorded with the deed book and page number. Do **not** list entireties property (property jointly owned with spouse), life estate and real estate willed to the estate. (Part 2; #4)
- All executors/administrators who qualified are required to sign the inventory. If the document is signed outside our office, each signature must be notarized.

OTHER DOCUMENTATION NEEDED WHEN FILING INVENTORY

- Obtain copies of signature cards (front and back) from all financial accounts including joint accounts owned by the decedent (**not** estate accounts). Also, obtain copies of Designation of Beneficiary on IRA accounts, annuities, etc. (The financial institution will provide these to you)
- File your Affidavit of Publication with our office. (This is a notarized document with the newspaper clipping attached which is mailed to you from the newspaper after payment is made).
- Complete and file an “Affidavit of Notice to Creditors” form (E-307).
- Be prepared to pay fees when filing the inventory. These fees include a qualification fee plus an assessment fee of 40¢ per \$100 of the total inventory, not including real estate - minimum of \$15; maximum of \$6,000. Make sure to bring the estate check book (if applicable). If estate checking account was not necessary, bring cash/check for payment of estate fees.
- This is only a brief outline of this Court’s requirements for filing your 90-day Inventory. It is not intended to cover any administration steps for the estate or legal requirements. **We recommend you retain legal counsel; however, it is not a requirement.**



You have 30 days from the date on the notice to file your inventory. If you need an extension of time, you should contact our office and make a request. If you do not file within the time allotted, you may be served with court orders by the Sheriff of your county. You can be held in contempt of court and placed in the county jail until compliance of the court order. Any service fees that arise from these orders are at your own personal cost and cannot be paid from the estate.

As always, if you need assistance you may contact us at any time. However, please remember that we are not attorneys and cannot give legal advice.

You can obtain additional forms at www.nccourts.org or www.harnett.org

STATE OF NORTH CAROLINA

File No.

HARNETT County

In The General Court Of Justice
Superior Court Division
Before The Clerk

IN THE MATTER OF THE ESTATE OF

**INVENTORY
FOR DECEDENT'S ESTATE**

Name Of Decedent

G.S. 28A-15-2, 28A-20-1

IMPORTANT: File within three (3) months after qualifying. Itemize and give values as of date of decedent's death. Continue on additional sheet if necessary.

I, the undersigned personal representative, being duly sworn, say that to the best of my knowledge the following is a just, true, and perfect inventory of all the real and personal property of the decedent named above, which has come into my hands or into the hands of any person for me as personal representative of the estate.

PART I. PROPERTY OF THE ESTATE

		VALUE
1. Accounts In Sole Name Of Decedent (List bank, etc., each account no., and balance.)		\$

2. Joint Accounts Without Right Of Survivorship (List bank, etc., each account no., balance, and joint owners.)		
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
3. Stocks And Bonds In Sole Name Of Decedent Or Jointly Owned Without Right Of Survivorship (Identify each type of security and give market value of all securities of that type, e.g., 100 shares of XYZ Corp. common stock at 37-1/4...\$3,725.)		
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
4. Cash And Undeposited Checks On Hand		

5. All Other Personal Property (e.g., vehicles, household furnishings, farm products, equipment, tools)		

6. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Sold (Attach legal description and proceeds of sale for each parcel.)		

ADDITIONAL AMOUNT CARRIED OVER FROM ATTACHMENT (if applicable)		\$
TOTAL PART I. (Costs apply to this total)		\$
7. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Not Sold (Attach legal description of each parcel and give fair market value at date of death.)		
	\$	
8. There <input type="checkbox"/> is <input type="checkbox"/> is not a pending lawsuit that involves the decedent.		

(Over)

PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS

	VALUE
1. Joint Accounts With Right Of Survivorship <i>(List each account; give names of other joint owners and total amount on deposit in each account; attach copy of deposit contract/signature card unless already attached to application.)</i>	\$
2. Stocks/Bonds/Securities Jointly Owned With Right Of Survivorship Or Registered In Beneficiary Form And Automatically Transferable On Death <i>(Identify each type of security and give market value of all securities of that type, e.g., 100 shares of XYZ Corp. common stock at 37-1/4...\$3,725.)</i>	
3. Other Personal Property Recoverable (G.S. 28A-15-10)	
4. Real Estate Except Entireties Property, Life Estate And Real Estate Willed To Estate <i>(List legal description and give fair market value of each parcel of decedent's interest at date of death.)</i>	
TOTAL PART II. ▶ \$	

PART III. CLAIMS FOR WRONGFUL DEATH

There is is not a potential claim for wrongful death arising under G.S. 28A-18-2. The following attorney, if any, has been retained to file the action, and the civil action, if any, has been filed in the following court or jurisdiction:

<i>Name And Address Of Attorney</i>	<i>State And County Or Federal District Court Jurisdiction</i>
<i>Telephone No.</i>	<i>Case No.</i>

<i>Signature Of Fiduciary</i>	<i>Title</i>	<i>Signature Of Co-Fiduciary, If Any</i>	<i>Title</i>
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SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME **SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>
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<input type="checkbox"/> <i>Deputy CSC</i>	<input type="checkbox"/> <i>Assistant CSC</i>	<input type="checkbox"/> <i>Clerk Of Superior Court</i>	<input type="checkbox"/> <i>Deputy CSC</i>	<input type="checkbox"/> <i>Assistant CSC</i>	<input type="checkbox"/> <i>Clerk Of Superior Court</i>
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<input type="checkbox"/> <i>Notary</i>	<i>Date My Commission Expires</i>	<i>Date My Commission Expires</i>	<input type="checkbox"/> <i>Notary</i>
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SEAL	<i>County Where Notarized</i>	<i>County Where Notarized</i>	SEAL
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STATE OF NORTH CAROLINA

File No.

Harnett County

In The General Court Of Justice
Superior Court Division
Before The Clerk

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

**AFFIDAVIT OF NOTICE
TO CREDITORS**

G.S. 28A-14-1, 28A-14-2

NOTE: The second option should be checked only in cases where the decedent had no outstanding debts, or the personal representative has paid in full all known debts. The first option should be checked in all other cases.

The undersigned affiant, being first duly sworn, says that:

- 1. Pursuant to G.S. 28A-14-1, I made a reasonable effort to ascertain all persons, firms and corporations (including the Department of Health and Human Services, Division of Medical Assistance, if at the time of the decedent's death the decedent was receiving Medicaid) having unsatisfied claims against the decedent and personally delivered or mailed a copy of the Notice to Creditors to all such persons, firms and corporations then known to me, except for those claims that I recognize as valid.
- 2. No copy of the Notice to Creditors required by G.S. 28A-14-1 was mailed or personally delivered because, after making a reasonable effort within the time provided by law, I am satisfied that there are no persons, firms or corporations (including the Department of Health and Human Services, Division of Medical Assistance, if at the time of the decedent's death the decedent was receiving Medicaid) having unsatisfied claims against the decedent. (See note above.)

NOTE: Signature of only one affiant is necessary.

Date		Date	
Signature Of Affiant		Signature Of Co-Affiant	
<input type="checkbox"/> Personal Representative Or Collector <input type="checkbox"/> Attorney For Personal Representative Or Collector		<input type="checkbox"/> Personal Representative Or Collector <input type="checkbox"/> Attorney For Personal Representative Or Collector	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date	Signature	Date	Signature
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date My Commission Expires	Date My Commission Expires	<input type="checkbox"/> Notary
SEAL	County Where Notarized	County Where Notarized	SEAL

BASIC INSTRUCTIONS FOR FILING FINAL/ANNUAL ACCOUNTING

Within one year from the date of qualification, a final account (form AOC-E-506) must be filed. This is a detailed accounting of total assets received, debts paid and distributions made to the beneficiaries/heirs.

- The accounting period for the final is from date of qualification to date of final distribution.
- You will begin the accounting by inserting the total value of personal property - which is the balance listed on the Inventory form, Part 1, #1.
- **RECEIPTS** are additional assets discovered or monies received since filing the Inventory. These receipts should be listed on the back of the account (Part III). Indicate date received, from whom received, description of the asset, and the value. The total of these receipts will be added to the Personal Property on the front of the Account form (Part I; #4) to determine the total assets for the estate.
- **DISBURSEMENTS** are the bills or debts paid on behalf of the estate. These disbursements should be listed on the back of the Account form (Part IV). Indicate the date paid, to whom paid, description of claim and amount paid. A cancelled check or paid receipt from the person or firm receiving payment **MUST** be provided. The total of these disbursements should be carried over to the front of the Account form (Part I; #6) to determine the balance to distribute to the beneficiaries/heirs.
- **DISTRIBUTIONS** are assets transferring to beneficiaries/heirs. These distributions should be listed on the back of the Account form (Part V). Indicate the date distributed, to whom, an itemization of each beneficiaries/heirs share with a receipt for tangible personal property, and a cancelled check or receipt for any cash distributions. All titles and stocks must be transferred prior to filing the final account. The total of these distributions should be carried over to the front of the Account form (Part I; #8) and should end with a zero balance.
- **PART II: Balance Held or Invested**
This section will only be used if you are filing an annual account. If one year has passed and you are unable to close the estate, you will list the assets that are remaining.

If you are unable to file a final account, you must indicate on the form why you are not filing a final account, i.e.- outstanding debts to be paid, land to be sold, pending litigation, etc.

- All executors/administrators who qualified are required to sign the account. If the document is signed outside our office, each signature must be notarized.

OTHER DOCUMENTATION NEEDED WHEN FILING FINAL/ANNUAL ACCOUNT

- An Estate Tax Certification (Form AOC-E-212) must be filed unless you are required to file an Inheritance Tax Return. See the Estate Tax Certification form for exemption amounts allowed relative to date of death. If the estate is required to file an inheritance tax return a release must be received from the NC Department of Revenue before the Clerk can accept your final account.
- If you are requesting commissions allowed by law for your services as a fiduciary, you must submit a preliminary final accounting to our office and we will calculate the amount of commissions allowable to you by law. Please feel free to contact us for any assistance needed for this procedure.
- Be prepared to pay additional court fees. Filing fee is 40¢ per \$100 on additional receipts that have come into the estate, with a minimum fee of \$15.00. If you are not able to determine the fee, please call our office and we will assist you. If an estate checking account is established, you will need to call our office prior to coming in to let us determine fees owed so you can mail a check to us ahead of time to allow the check to clear the bank to reflect a zero balance in the checking account.
- You must provide all estate checking bank statements - including last statement with a zero (\$0.00) balance. In addition to the above, if there were other financial accounts accounted for in the estate, ALL statements must be provided.
- You must include all cancelled checks paid from the estate account. If an estate checking account was not required, you must present bills and receipts for each disbursement listed.
- You must provide a release of claim for any claims that have been filed in the Clerk's office or proof of payment of total due.
- You must provide Receipt Acknowledgement forms for all beneficiaries/heirs
- You must provide a copy of the paid funeral bill or receipt indicating "paid in full"
- Additional court fees will need to be paid. Filing fee is 40¢ per \$100 on new receipts that have come into the estate, with a minimum fee of \$15.00. If you are not able to determine the fee, please call our office and we will assist you.
- This is only a brief outline of this Court's requirements for filing your account. It is not intended to cover any administration steps for the estate or legal requirements. **We recommend you retain legal counsel; however, it is not a requirement.**

❧

You have 30 days from the date on this notice to file your account. If you need an extension of time, you should contact our office and make a request. If you do not file within the time allotted, you will be served with court orders by the Sheriff of your county. You can be held in contempt of court and placed in the county jail until compliance of the court order. Any service fees that arise are at your cost and cannot be paid from the estate.

As always, if you need assistance you may contact us at any time. However, please remember that we are not attorneys and cannot give any legal advice.

You can obtain additional forms at www.nccourts.org or www.harnett.org

STATE OF NORTH CAROLINA

File No.

HARNETT County

In The General Court Of Justice Superior Court Division Before The Clerk

IN THE MATTER OF THE ESTATE OF

ACCOUNT

ANNUAL FINAL

G.S. 28A-21-1, -21-2, -21-3, -23-1; 35A-1264, -1266

Name

Deceased Minor Adult Ward Trust

I, the undersigned representative, being first duly sworn, say that the following is a complete and accurate account of my receipts, disbursements and other transactions as representative of this estate or trust.

Accounting Period From Extending To Date Of Death NOTE: If Date Of Death is prior to January 1, 2013, do not use this version of the form. Instead, use the Rev. 12/17 version of the form.

PART I. SUMMARY

Table with 3 columns: Description, Amount, and Dollar Sign. Rows include Subtotal Personal Property, Minus Loss from Sale, SUBTOTAL, Plus Total Receipts, TOTAL ASSETS, Minus Disbursements, SUBTOTAL, Minus Distributions, and BALANCE AT END OF ACCOUNTING PERIOD.

PART II. BALANCE HELD OR INVESTED

Table with 3 columns: Description, Account No., and Balance. Rows include On Deposit in Banks, Invested in Securities, Tangible Personal Property, SUBTOTAL - PERSONAL PROPERTY, Real Estate Willed to the Estate, Real Estate Acquired by the Estate, Other, and TOTAL BALANCE HELD OR INVESTED.

Name And Address Of Fiduciary Change Of Address Name And Address Of Co-Fiduciary Change Of Address Signature Of Fiduciary Title Signature Of Co-Fiduciary Title

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME Date Signature Of Person Authorized To Administer Oaths Date Signature Of Person Authorized To Administer Oaths Deputy CSC Assistant CSC Clerk Of Superior Court Date Commission Expires Notary County Where Notarized SEAL

OUTCOME OF AUDIT BY CLERK AND ORDER

Bond? Yes, reviewed. Not applicable. The above account has been audited by me and the vouchers or verified proofs submitted in support were examined. The account is approved disapproved. As this is the final account, the fiduciary is discharged. Date Signature Assistant CSC Clerk Of Superior Court

STATE OF NORTH CAROLINA

File No.

HARNETT County

In The General Court Of Justice Superior Court Division Before The Clerk

IN THE MATTER OF THE ESTATE OF

ACCOUNT

ANNUAL FINAL

G.S. 28A-21-1, -21-2, -21-3, -23-1; 35A-1264, -1266

Name
Deceased Minor Adult Ward Trust

I, the undersigned representative, being first duly sworn, say that the following is a complete and accurate account of my receipts, disbursements and other transactions as representative of this estate or trust.

Accounting Period From Extending To Date Of Death NOTE: If Date Of Death is prior to January 1, 2013, do not use this version of the form. Instead, use the Rev. 12/17 version of the form.

PART I. SUMMARY

Table with 2 columns: Description, Amount. Rows include Subtotal Personal Property, Minus Loss from Sale, SUBTOTAL, Plus Total Receipts, TOTAL ASSETS, Minus Disbursements, SUBTOTAL, Minus Distributions, BALANCE AT END OF ACCOUNTING PERIOD.

PART II. BALANCE HELD OR INVESTED

Table with 3 columns: Description, Account No., Balance. Rows include On Deposit in Banks, Invested in Securities, Tangible Personal Property, SUBTOTAL - PERSONAL PROPERTY, Real Estate Willed to the Estate, Real Estate Acquired by the Estate, Other, TOTAL BALANCE HELD OR INVESTED.

Name And Address Of Fiduciary Change Of Address Name And Address Of Co-Fiduciary Change Of Address Signature Of Fiduciary Title Signature Of Co-Fiduciary Title

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME Date Signature Of Person Authorized To Administer Oaths Date Commission Expires Notary County Where Notarized SEAL

OUTCOME OF AUDIT BY CLERK AND ORDER

Bond? Yes, reviewed. Not applicable. The above account has been audited by me and the vouchers or verified proofs submitted in support were examined. The account is approved/disapproved. As this is the final account, the fiduciary is discharged. Date Signature Assistant CSC Clerk Of Superior Court

PART III. RECEIPTS

- NOTES:**
1. Rent from real property not willed to the estate goes to the heirs and is not a receipt of the estate.
 2. List loans to the estate for the purpose of paying claims.
 3. If a sale of personal property results in a gain over the value listed on the Inventory (AOC-E-505), list the gain as a receipt. If a sale results in a loss as compared to the value listed on the Inventory, report the loss on Side One, Part I of this form.
 4. Do not report, as a receipt, changes in value (when compared to the value listed in the Inventory) of items which have not been sold.
 5. If any real property willed to the estate has been sold, report the entire proceeds as a receipt.
 6. If any real property not willed to the estate has been sold in a special proceeding to create assets with which to pay claims of the estate, report as a receipt only that portion of the proceeds received from the Commissioners (the balance not needed to pay claims of the estate is distributed in the special proceeding).

Date	Received From	Description	Amount Or Value
			\$

NOTE: The AOC-E-506 Part III Continuation may be used as an attachment. **Sum Total From Attachment(s), If Any** \$

TOTAL PART III. ▶ \$

PART IV. DISBURSEMENTS (Debts or Administrative Expenses)

- NOTES:**
1. Disbursements are expenditures of and for the estate and do not include expenses regarding real property not willed to the estate.
 2. List payments to creditors out of loans to the estate, or reimbursements by the estate to persons who had directly paid creditors of the estate.
 3. Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of payments.

Date	Paid Or Disbursed To	Description	Amount Or Value
			\$

NOTE: The AOC-E-506 Part IV Continuation may be used as an attachment. **Sum Total From Attachment(s), If Any** \$

TOTAL PART IV. ▶ \$

PART V. DISTRIBUTIONS (Inheritance to Heirs)

- NOTES:**
1. Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of delivery or distribution.
 2. Attach itemized description of unrealized gains or losses or assets not sold but distributed. Do not include unrealized gain or loss amounts in Total Part V.

Date	Distributed To	Amount
		\$

NOTE: The AOC-E-506 Part V Continuation may be used as an attachment. **Sum Total From Attachment(s), If Any** \$

TOTAL PART V. ▶ \$

STATE OF NORTH CAROLINA

COUNTY OF HARNETT

IN THE MATTER OF THE ESTATE OF

RECEIPT ACKNOWLEDGEMENT

I, _____, acknowledge that I have received from the above-entitled estate the following distribution(s):

DATE	DESCRIPTION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I further acknowledge that this distribution with a total value of \$_____ comprises my entire interest of personal property in this estate and by this receipt, releases and discharges the Executor/Administrator from all liability in connection with the administration of this estate.

I further acknowledge that I am in agreement with all receipts and disbursements listed on the annual and final accounts including all non-estate debts paid and accept these as part of my distribution from the estate.

Signature of heir

Date signed

Sworn to and subscribed before me, this ____ day of _____, 20____.

Notary Public

Commission expires

Notary address

(seal)

STATE OF NORTH CAROLINA

File No.

23E1312

HARNETT County

In The General Court Of Justice
Superior Court Division
Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name

PATRICIA N GLOVER
AKA PATRICIA NEIGHBORS GLOVER

LETTERS

OF ADMINISTRATION

G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

<p>Name And Address Of Fiduciary 1 KATHIE G SMITH 1798 W BLACKMAN RD DUNN, NC 28334</p>	<p>Date Of Qualification 05/01/2023</p>
<p>Title Of Fiduciary 1 CO-ADMINISTRATOR</p>	<p>Clerk Of Superior Court RENEE WHITTENTON EX OFFICIO JUDGE OF PROBATE</p>
<p>Name And Address Of Fiduciary 2 JOSEPH K GLOVER 1533 DAWSON RD DUNN, NC 28334</p>	<p>Date Of Issuance 05/01/2023</p>
<p>Title Of Fiduciary 2 CO-ADMINISTRATOR</p>	<p>Signature <i>Sandra Payne</i> <input type="checkbox"/> Deputy CSC <input checked="" type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court</p>

SEAL

NOTE: This letter is not valid without the official seal of the Clerk of Superior Court.

STATE OF NORTH CAROLINA

File No.

23E 1312

HARNETT County

FILED

In The General Court Of Justice
Superior Court Division
Before The Clerk

IN THE MATTER OF THE ESTATE OF

2023 MAY -1 A 11:14

Name Of Decedent

Patricia N. Glover

HARNETT COUNTY

BY

WAIVER OF
PERSONAL REPRESENTATIVE'S BOND

G.S. 28A-8-1(b)(6), (8)

I certify that I am an heir/devisee of the above named decedent, and I am over eighteen (18) years of age.

I waive the statutory requirement for bond for the personal representative named below of this estate, who resides in the State of North Carolina, and agree to relieve him/her from the necessity of giving the statutory bond. (NOTE: An express requirement in the will for a bond cannot be waived.)

Name Of Personal Representative

Kathie C. Smith & Joseph K Glover

I understand that this means that there will be no bond to go against if the personal representative does not properly administer the estate and distribute the assets to the heirs.

I have read this Waiver, and I fully understand its meaning and effect. I agree that the information in this filing is true to the best of my knowledge, information, or belief. I understand that, in some circumstances, persons who make false filings can be subject to legal penalties or sanctions and, depending on the situation, may be charged with a crime.

Date 5-1-23	Date
Name Of Heir/Devisee (type or print) Kathie C. Smith	Name Of Heir/Devisee (type or print)
Signature Of Heir/Devisee Kathie C. Smith	Signature Of Heir/Devisee
Date 5-1-23	Date
Name Of Heir/Devisee (type or print) Joseph K. Glover	Name Of Heir/Devisee (type or print)
Signature Of Heir/Devisee Joseph K. Glover	Signature Of Heir/Devisee
Date 5-1-23	Date
Name Of Heir/Devisee (type or print) TRICIA A BRISTON	Name Of Heir/Devisee (type or print)
Signature Of Heir/Devisee Tricia A. Briston	Signature Of Heir/Devisee
Date	Date
Name Of Heir/Devisee (type or print)	Name Of Heir/Devisee (type or print)
Signature Of Heir/Devisee	Signature Of Heir/Devisee
Date	Date
Name Of Heir/Devisee (type or print)	Name Of Heir/Devisee (type or print)
Signature Of Heir/Devisee	Signature Of Heir/Devisee

Original - File

FAMILY HISTORY AFFIDAVIT
 QUESTIONS ABOUT DECEDENT AND FAMILY
 WITHOUT WILL - INTESTATE 06/14

FILE #: 23E 1312

Name of Decedent:

Patricia N. Glover

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? Yes No tenants in entirety with spouse?
2. Decedent was known as (List all names as well as nick names) Patricia N. Glover
3. Date of Death: 1-19-23 4. Social Security Number (last 4 digits): 9990
5. Marital Status: Married Widowed Divorced Never Married
 If married, was there a pre-nuptial agreement Yes No
6. 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
7. Has decedent been married more than once? Yes No
8. Did the decedent leave a minor, mentally disordered or incompetent child(ren) or heirs? Yes No
9. How many children were born/legally adopted to the decedent? 3
If none, go to #10 --- If there were, complete #9 then proceed to #12.
 - A. How many children of the decedent died before the decedent's death? 0
 - B. How many of those deceased children had children (grandchildren of decedent) NA
 - C. Are all of the grandchildren of the deceased living? Yes No
 - D. If not, did the deceased grandchildren have children of their own? Yes No
10. If no children or issue survives:
 - A. Is the mother of the decedent living? Yes No
 - B. Is the father of the decedent living? Yes No

If yes stop here and go to #12 - If not, continue.

- A. How many brothers and sisters did the decedent have? _____
- B. How many brothers and sisters died before the decedent? _____
- C. How many left children (nieces/nephews) surviving? _____
- D. Are all of the children of the brothers/sisters who died before the decedent surviving? Yes No
- E. If not, how many nieces/nephews left children surviving? _____

If there are/were brothers/sisters stop here and go to #12 - If not, continue.

11. Are any of the grandparents living? Yes No
 If not, how many aunts and uncles did the decedent have? _____
 - A. How many aunts/uncles died before to the decedent? _____
 How many of the decedent's aunts/uncles left children (issue) surviving? _____
 - B. Are all of the children of the decedent's aunts/uncles surviving? Yes No
 If not, how many decedent children of the decedent's aunts/uncles left children (issue) surviving? _____
12. If decedent was a husband, 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.

Kathie Smith

Drivers' License Number: <u>000007579916</u>	E-mail Address: <u>Kathiesmith.03@gmail.com</u>	Telephone Number: <u>910-890-2549</u>	Cell Phone Number: <u>Same</u>
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Employer: Cape Fear Valley Health System
 Address: 800 Tilghman Drive Dunn NC 28335
 Telephone Number: 910-706-7623

"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."

Signature: Kathie Smith

SWORN AND SUBSCRIBED TO BEFORE ME

Date:

5-1-2023

Signature of Person Authorized to Administer Oaths:

Andrew Bays

Deputy Assistant Clerk Notary

Date Commission Expires: