



Application of Fiduciaries

For Personal Representative of Estate for a Deceased Person

On Motion of JOHN DOE. **Name of personal representative**

Deceased Person **JOHN R SMITH AKA JOHN RICHARD SMITH** **Name of decedent from Will and death certificate**
 Social Security Number 0000 **Last four digits of social security number**
 Date of Death 11/18/2017 **Date of death from death certificate**
 Surety Name WESTERN SURETY COMPANY **Name of bonding company, if applicable**
 Amount of Bond 25,000.00 **Amount of bond, if applicable**

Personal Representative(s)

JOHN DOE, ADMINISTRATOR 123 MAIN ST, MORGANTOWN, WV 26508-9573
Name of personal representative, Fiduciary Title **Current mailing address of personal representative**

List of Heirs

JOHN DOE	SON	123 MAIN ST, MORGANTOWN, WV 26508-9573 127
JANE DOE	DAUGHTER	333 MAIN ST, MORGANTOWN, WV 26505-6338 929

Names of all beneficiaries as listed in the Last Will and Testament, or all heirs-at-law. List deceased beneficiaries or heirs as deceased with their date of death if known. Use AKA if the beneficiaries names are different now than they were in the Last Will and Testament. List how they are related to the decedent, and their last known mailing address.

Affidavit & Oath

LIST OF HEIRS, DISTRIBUTEES, DEVISEES & LEGATEES OF DECEDENT

JOHN DOE being duly sworn, deposes and says the names, residences and post-office addresses of the heirs and distributees of the Estate of **JOHN R SMITH AKA JOHN RICHARD SMITH**, 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 signature of JOHN DOE, ADMINISTRATOR **Notarized signature of personal representative, and their Fiduciary title**

NOTARY STATEMENT & SIGNATURE/STAMP