

JACKSON COUNTY WV
ANCILLARY ADMINISTRATION INSTRUCTIONS AND FORMS

PURPOSE: Transfer any WV-owned Real Property &/or Oil, Gas, Minerals, etc. from nonresident decedent to beneficiaries or heirs-at-law without In-Person Administration of an Estate. **If decedent owned assets in more than 1 WV county, Affidavit should include ALL WV owned property but the Original Death Certificate and Affidavit and publication fees would be filed in 1 county, then Affiant would purchase a certified copy(ies) to record in every other applicable county(ies).**

FORMS REQUIRED: 1) **Certified copy or Original Death Certificate**
2) **Affidavit for Ancillary Administration of WV Real Estate without Appointment** (forms are included in this informational packet):
a. Intestate (without WV-valid Will or No Will at all) OR
b. Testate (with ****Original WV-valid Will OR **Authenticated Copy Will-WV valid**)

****IMPORANT:** Please scan, fax, or mail the Will to our office **before** completing an Affidavit. We must verify that the Will meets **WV State Code**. If it does not, the WV assets would be transferred pursuant to **WV Intestate Succession Law**. If it does meet WV Code, the original OR Authenticated Copy of the will must be attached to the appropriate Affidavit --AND WILL NOT BE RETURNED after recording. This information will help prevent delays of recordings due to incorrect documents.**

FEES REQUIRED: 1) \$5.00 recording fee for Death Certificate
2) \$12.00+ recording fee for Affidavit (based on total number of pages-call to verify)
3) \$20.00 publication fee

****All fees are payable to Jackson County Clerk's Office by cash, check, or credit card (please note: a convenience fee will be added to any credit card payment)****

MAIL, PHONE, FAX, EMAIL INFORMATION:

Jackson County Fiduciary Supervisor
PO Box 800
Ripley WV 25271

Matthew: 304-373-2218 matthew.taylor@jacksoncountywv.com
Jennie: 304-373-2254 jennifer.morrison@jacksoncountywv.com
FAX: 304-372-2079

OFFICE HOURS: Monday through Friday 8:30am – 12noon & 1:00pm – 4:30pm EST (Federal & State Holidays are observed)

PUBLICATION: Upon receipt of applicable Affidavit and fees, a Notice of Ancillary Administration will be published the following month in the local Jackson County WV newspaper only. A copy of the publication notice will be mailed to the Affiant. *It is the Affiant's responsibility to mail a copy of the notice within 30 days to all applicable: surviving spouse, personal representative(s)-- if there's a will, all beneficiaries &/or heirs at law, and any known creditors (including lien/deeds of trust) residing or located in this state.*

TRANSFER OF WV ASSETS: If no objections are filed, a Transfer Report will be submitted to the County Assessor 60+ days after the newspaper publication. Oil & gas companies should be notified by the Affiant &/or heirs/beneficiaries to ensure future royalty checks are properly distributed

JACKSON COUNTY WV
ANCILLARY ADMINISTRATION INSTRUCTIONS AND FORMS

FIRST ATTACHMENT:
INTESTATE AFFIDAVIT

THIS FORM IS USED IF THERE IS NO WILL
OR IF THE WILL DOES NOT MEET
WV STATE CODE

CONTAINS 3 MANDATORY PAGES

(A CONTINUATION SHEET FOR ADDITIONAL REAL ESTATE IS PROVIDED
& A CONTINUATION SHEET FOR ADDITIONAL HEIRS AT LAW IS
PROVIDED)

IN THE COUNTY COMMISSION OF JACKSON COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____

DOD: _____

**AFFIDAVIT FOR ANCILLARY ADMINISTRATION
OF WEST VIRGINIA REAL ESTATE
WITHOUT APPOINTMENT
(INTESTATE)**

STATE OF _____,

COUNTY OF _____, 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 on _____ (date of death), a resident of _____ County, State of _____. The decedent has left no will so far as I know, and no will of the decedent has been presented or probated in this State or in any other state or jurisdiction.
2. More than sixty days have passed since the death of the decedent and no personal representative or administrator of the decedent's estate has been otherwise appointed in the State of West Virginia for any proper purpose.
3. A certified death certificate has been furnished herewith for filing 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				
	Form Continuation Sheets Check () if attached.			
	Total			

5. The decedent, _____, left as his/her heirs at law in accordance with the laws of intestate descent and distribution of the State of West Virginia the following persons:

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: _____

Check () if Continuation sheet is attached

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 decedent's will, () heir at law, or () other _____ (describe relationship or interest). [Check one]

Witness my hand and seal this _____ day of _____, 20 ____.

Signature of Affiant

Taken, subscribed, and sworn to before me the undersigned authority by _____, this _____ day of _____, 20 ____.

{seal}

My Commission expires: _____

Notary Public

Number of Continuation sheets attached: _____

**CONTINUATION SHEET
For
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (INTESTATE)**

Name of Decedent: _____

Additional real estate situate in West Virginia:

	Description	County	Assessed Value	Fair Market value
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
	Check () if another Continuation Sheet is attached			
	Total			

Date: _____

Signature of Affiant

CONTINUATION SHEET
For
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (INTESTATE)

Name of Decedent: _____

Additional heirs at law:

f. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

g. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

h. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

i. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

j. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

Signature of Affiant

Date: _____

JACKSON COUNTY WV
ANCILLARY ADMINISTRATION INSTRUCTIONS AND FORMS

SECOND ATTACHMENT:

TESTATE AFFIDAVIT USING AN AUTHENTICATED (AKA EXEMPLIFIED)
COPY OF WILL

THIS FORM IS USED WHEN THE DECEDENT'S WILL HAS BEEN
RECORDED/PROBATED IN THE DOMICILE STATE & IS VALID PURSUANT
TO WV STATE CODE

*DO NOT COMPLETE THIS AFFIDAVIT UNTIL THE AUTHENTICATED (AKA
EXEMPLIFIED) COPY OF WILL HAS BEEN DECLARED VALID BY JACKSON
COUNTY FIDUCIARY OFFICE*

CONTAINS 3 MANDATORY PAGES

(A CONTINUATION SHEET FOR ADDITIONAL NOMINATED PERSONAL
REPRESENTATIVES & REAL ESTATE IS PROVIDED & A CONTINUATION
SHEET FOR ADDITIONAL BENEFICIARIES/HEIRS AT LAW IS PROVIDED)

IN THE COUNTY COMMISSION OF JACKSON COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____
DOD: _____

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

STATE OF _____,

COUNTY OF _____, 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 _____ by the _____ (name of foreign court), of _____ County, _____ (state), being case number _____, if applicable:
 - a. Name: _____
Address: _____

 - b. Name: _____
Address: _____

Check () if Continuation sheet is attached

3. An authenticated aka exemplified copy of the Last Will and Testament of the decedent dated _____, without any codicil thereto () or with codicil(s) thereto dated _____ () [Check one] 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 situated in West Virginia:

	Description	County	Assessed Value	Fair Market value
a.				
b.				
c.				
d.				
	From Continuation Sheets Check () if attached			
	Total			

5. Pursuant to the provisions of the Last Will and Testament of the decedent, _____, the Testator devised the aforesaid real estate to the following beneficiaries of the estate:

- a. Name: _____
 Address: _____

 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____

- b. Name: _____
 Address: _____

 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____

- c. Name: _____
 Address: _____

 Relationship to Decedent: _____
 Share or percentage or particular parcel: _____

d. Name: _____
Address: _____

Relationship to Decedent: _____
Share or percentage or particular parcel: _____

Check () if Continuation sheet is attached

6. The Estate of _____, the decedent, will be/has been fully administered by the domiciliary personal representative(s) under the domiciliary proceedings in the other state or 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). [Check one]

Witness my hand and seal this _____ day of _____, 20 _____.

Signature of Affiant

Taken, subscribed, and sworn to before me the undersigned authority by _____, this _____ day of _____, 20 _____.

{seal}

My Commission expires: _____

Notary Public

Number of Continuation sheets attached: _____

**CONTINUATION SHEET
FOR
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (TESTATE)**

Name of Decedent: _____

Additional Nominated Personal Representative(s):

c. Name: _____
Address: _____

d. Name: _____
Address: _____

Additional real estate situate in West Virginia:

	Description	County	Assessed Value	Fair Market value
e.				
f.				
g.				
h.				
i.				
	Check () if another Continuation Sheet is attached			
	Total			

Signature of Affiant

Date: _____

**CONTINUATION SHEET
FOR
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (TESTATE)**

Name of Decedent: _____

Additional beneficiaries of the estate or heirs at law:

e. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

f. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

g. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

h. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

i. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

Signature of Affiant

Date: _____

JACKSON COUNTY WV
ANCILLARY ADMINISTRATION INSTRUCTIONS AND FORMS

THIRD ATTACHMENT:

TESTATE AFFIDAVIT USING AN ORIGINAL WILL

THIS FORM IS USED WHEN THE DECEDENT'S WILL HAS NOT BEEN
RECORDED/PROBATED IN THE DOMICILE STATE DUE TO THE LAWS OF
PROBATE IN THE DOMICILE STATE & IS VALID PURSUANT TO WV STATE
CODE

*DO NOT COMPLETE THIS AFFIDAVIT UNTIL THE WILL HAS BEEN
DECLARED VALID BY JACKSON COUNTY FIDUCIARY OFFICE AND A
LETTER FROM THE PROBATE/CLERK OFFICE OF THE DOMICILE STATE IS
PROVIDED TO THE JACKSON COUNTY FIDUCIARY OFFICE DECLARING
THAT NO PROBATE OF THE WILL IS REQUIRED THERE*

CONTAINS 3 MANDATORY PAGES

(A CONTINUATION SHEET FOR ADDITIONAL NOMINATED PERSONAL
REPRESENTATIVES & REAL ESTATE IS PROVIDED & A CONTINUATION
SHEET FOR ADDITIONAL BENEFICIARIES/HEIRS AT LAW IS PROVIDED)

IN THE COUNTY COMMISSION OF JACKSON COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____
DOD: _____

**AFFIDAVIT FOR ANCILLARY ADMINISTRATION
OF WEST VIRGINIA REAL ESTATE
WITHOUT APPOINTMENT
(TESTATE WITH ORIGINAL WILL)**

STATE OF _____,

COUNTY OF _____, 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. The decedent died with an ORIGINAL Last Will and Testament dated _____, without any codicil thereto () or with codicil(s) thereto dated _____ () [Check which applies]. Pursuant to the laws of the State of _____, which was the domicile or legal residence of the decedent at his/her death, probate of such original document(s) has not been made and is not required to be made in the State of _____, as set forth in

(cite statute or case law or other reason). The aforesaid ORIGINAL Last Will and Testament of the decedent, together with any codicil(s), is furnished herewith for recording in this County as permitted by West Virginia Code 41-5-13(e).

3. Under the Last Will and Testament of the Decedent, the following person(s) is/are nominated to be the personal representative(s) of the Estate of

_____:

a. Name: _____
Address: _____

b. Name: _____
 Address: _____

Check () if Continuation sheet is attached

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.				
	From Continuation Sheets Check () if attached			
	Total			

5. Pursuant to the provisions of the Last Will and Testament of the decedent _____, the Testator devised the aforesaid real estate to the following beneficiaries of the estate:

a. Name: _____
 Address: _____

Relationship to Decedent: _____
 Share or percentage or particular parcel: _____

b. Name: _____
 Address: _____

Relationship to Decedent: _____
 Share or percentage or particular parcel: _____

c. Name: _____
Address: _____

Relationship to Decedent: _____
Share or percentage or particular parcel: _____

d. Name: _____
Address: _____

Relationship to Decedent: _____
Share or percentage or particular parcel: _____

Check () if Continuation sheet is attached

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 decedent's will, () heir at law, or () other _____ (describe relationship or interest). [Check one]

Witness my hand and seal this _____ day of _____, 20 _____.

Signature of Affiant

Taken, subscribed, and sworn to before me the undersigned authority by _____, this ____ day of _____, 20 ____.

{seal}

My Commission expires: _____

Notary Public

Number of Continuation sheets attached: _____

**CONTINUATION SHEET
FOR
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (TESTATE)**

Name of Decedent: _____

Additional Nominated Personal Representative(s):

a. Name: _____
Address: _____

b. Name: _____
Address: _____

Additional real estate situate in West Virginia:

	Description	County	Assessed Value	Fair Market value
e.				
f.				
g.				
h.				
i.				
	Check () if another Continuation Sheet is attached			
	Total			

Date: _____

Signature of Affiant

**CONTINUATION SHEET
FOR
AFFIDAVIT FOR ANCILLARY ADMINISTRATION (TESTATE)**

Name of Decedent: _____

Additional beneficiaries of the estate or heirs at law:

c. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

d. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

e. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

f. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

g. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular parcel: _____

Signature of Affiant

Date: _____